

# Rose Township Building Department

9080 Mason St.

Holly, Michigan 48442

Phone: (248) 634-0290

Email:

buildingzoning@rosetownship.com

Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit cannot be issued

## ROSE TOWNSHIP BUILDING DEPARTMENT

### BUILDING PERMIT APPLICATION

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits. **Additional required documents may include County approved well, septic, driveway permits as well as a soil erosion control permit if required by the County.**

<b>I. Project or Facility Information</b>			
PROJECT NAME		ADDRESS	
CITY	COUNTY OAKLAND	ZIP CODE	
<b>APPLICANT EMAIL ADDRESS:</b>			
<b>II. Applicant/Facility Contact Information</b>			
<b>A. Applicant</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
<b>B. Owner or Lessee</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
<b>C. Architect or Engineer</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
LICENSE NUMBER			EXPIRATION DATE
<b>D. Contractor</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			
<b>III. Type of Job</b>			
<b>A. Type of Improvement</b>			
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> SIGN	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PRE-MANUFACTURED <input type="checkbox"/> FENCE

<b>B. Plan Review Required</b>			
<p>3 sets of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.</p> <p><b>Construction documents</b> must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public work projects less than \$15,000 in total construction cost. 1 plot plan required showing existing and proposed structures along with all setback numbers and well and septic placement.</p> <p><b>For buildings regulated by the Michigan Building Code, 3 sets of construction documents must be submitted and approved before a building permit can be issued.</b></p> <p><b>GIVE A BRIEF DESCRIPTION OF THE PROJECT:</b> _____</p> <p>_____</p> <p>_____</p>			
<b>IV. Plan Review Information</b>			
<b>A. Residential – Buildings Regulated by the Michigan Residential Code</b>			
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE - NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE	
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____	
<b>B. Buildings Regulated by the Michigan Building Code (COMMERCIAL ONLY)</b>			
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE	
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)	
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)	
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)	
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)	
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)	
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)	
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)	
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)		
<b>NEW COMMERCIAL CONSTRUCTION</b> – Provide a brief description of the work to be covered by the building permit:			
<b>V. Building Data</b>			
<b>A. Type of Mechanical</b>			
<b>WILL THERE BE FIRE SUPPRESSION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>FORCED AIR</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>BOILER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>B. Type of Construction</b>			
<input type="checkbox"/> 1A – Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B – Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A – Non Combustible (Rated Structural Elements) 1HR	
<input type="checkbox"/> 2B – Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 3A – Non Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B – Non Combustible (Bearing Walls Rated)	
<input type="checkbox"/> 4 – Heavy Timber	<input type="checkbox"/> 5A – Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B – Combustible (All Elements Not Rated)	
<b>C. Dimensions / Data</b>			
Basement square footage     = _____ 1 <sup>ST</sup> Floor square footage     = _____ 2 <sup>nd</sup> Floor square footage     = _____ Attached garage square footage = _____ Detached building square foot = _____ Deck square footage            = _____	Setbacks:   Front=____   Rear=____   Side=____   Side=____  Construction valuation=\$_____		
<b>Note: This includes the costs of materials and labor to complete the project including all trades.</b>			
<b>D. Number of Off Street Parking Spaces</b>			

ENCLOSED _____	OUTDOORS _____				
<b>VI. Signature</b>					
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.					
<b>Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.</b>					
SIGNATURE OF OWNER (If owner is applicant)	TYPE OR PRINT				
SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT				
<b>VII. Local Governmental Agency to Complete This Section</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	<b>REQUIRED?</b>	<b>APPROVED</b>	<b>DATE</b>	<b>NUMBER</b>	<b>BY</b>
<b>A – Zoning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B – Fire District</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>C – Pollution Control</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D – Noise Control</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E – Soil Erosion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>F – Flood Zone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>G – Water Supply</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>H – Sewer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I – Variance Granted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>J - Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>VIII. Validation – For Department Use Only</b>					
USE GROUP _____		PERMIT FEE BREAKDOWN			
		PERMIT FEE = \$ _____			
TYPE OF CONSTRUCTION _____		PLAN REVIEW FEE = \$ _____			
		PERMIT FEE BASED ON ADOPTED FEE SCHEDULE = \$ _____			
<b>APPROVAL SIGNATURE</b>			<b>DATE</b>		
TITLE: Rose Township Building Official			DATE		



XIV. S

