

PERMIT# B- _____ - _____

DATE ____/____/____

Building Permit Application

Wales Township, 1372 Wales Center Road, Wales, MI 48027

wales@walestownship.org

Phone: (810) 325-1517

Fax: (810) 325-9009

Building Inspector: Jim Waddy (810) 650-1714

Authority: 1972 PA
Completion: Mandatory to obtain permit
Penalty: Permit can not be issued

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

I. Location of Building

ADDRESS			
Wales Township	Saint Clair County	MI	48027
Property I.D.#			

II. Identification

A. Owner or Lessee

NAME		ADDRESS	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER ()			

B. Architect or Engineer

NAME		ADDRESS	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER ()			
LICENSE NUMBER		EXPIRATION DATE	

C. Contractor

NAME		ADDRESS	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER ()			
BUILDERS LICENSE NUMBER (INDIVIDUAL)		EXPIRATION DATE	
BUILDERS LICENSE NUMBER (ICOMPANY)		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UIA NUMBER (or reason for exemption)			

III. Type of Improvement and Plan Review

A. Type of Improvement

<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 5. DEMOLITION
<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 7. FOUNDATION ONLY	<input type="checkbox"/> 8. PREMANUFACTURE	<input type="checkbox"/> 9. RELOCATION	<input type="checkbox"/> 10. POLE BUILDING
<input type="checkbox"/> 11. SPECIAL INSPECTION	<input type="checkbox"/> 12. GARAGE	<input type="checkbox"/> 13. ACCESSORY BUILDING	<input type="checkbox"/> 14. DECK	<input type="checkbox"/> 15. SWIMMING POOL

B. Plan Review Required

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for alterations and repair work determined by the building official to be of a minor nature. Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

REVIEWS TO BE PERFORMED

<input type="checkbox"/> 1. BUILDING	<input type="checkbox"/> 2. ELECTRICAL	<input type="checkbox"/> 3. ENERGY	<input type="checkbox"/> 4. MECHANICAL	<input type="checkbox"/> 5. PLUMBING
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V. Proposed Use of Building	
A. Residential	
<input type="checkbox"/> 1. ONE FAMILY	<input type="checkbox"/> 2. TWO OR MORE FAMILY - NO. OF UNITS
<input type="checkbox"/> 3. ATTACHED GARAGE	<input type="checkbox"/> 4. HOTEL, MOTEL - NO. OF UNITS
<input type="checkbox"/> 5. DETACHED GARAGE	<input type="checkbox"/> 6. OTHER

B. Non-Residential		
<input type="checkbox"/> 7. AMUSEMENT	<input type="checkbox"/> 8. SERVICE STATION	<input type="checkbox"/> 9. SCHOOL, LIBRARY, EDUCATIONAL
<input type="checkbox"/> 10. CHURCH, RELIGION	<input type="checkbox"/> 11. HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> 12. STORE, MERCANTILE
<input type="checkbox"/> 13 INDUSTRIAL	<input type="checkbox"/> 14. OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> 15. TANKS, TOWERS
<input type="checkbox"/> 16. PARKING GARAGE	<input type="checkbox"/> 17. PUBLIC UTILITY	<input type="checkbox"/> 18. OTHER
NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. _____ _____ _____		

V. Selected Characteristics of Building			
A. Principal Type of Frame			
<input type="checkbox"/> 1. MASONRY, WALL BEARING	<input type="checkbox"/> 2. WOOD FRAME	<input type="checkbox"/> 3. STRUCTURAL STEEL	<input type="checkbox"/> 4. REINFORCED CONCRETE
<input type="checkbox"/> 5. OTHER			
B. Foundation Frame			
<input type="checkbox"/> BASEMENT	<input type="checkbox"/> CRAWL SPACE	<input type="checkbox"/> FOOTING DIMENSIONS	
C. Materials in Foundation Walls			
<input type="checkbox"/> BLOCK TYPE	WIDTH IN INCHES	<input type="checkbox"/> WOLMANIZED	
<input type="checkbox"/> POURED CEMENT	WIDTH IN INCHES	<input type="checkbox"/> PRECAST	
B. Principal Type of Heating Fuel			
<input type="checkbox"/> 6. GAS	<input type="checkbox"/> 7. OIL	<input type="checkbox"/> 8. ELECTRICITY	<input type="checkbox"/> 9. COAL
<input type="checkbox"/> 10. OTHER			
C. Type of Sewage Disposal			
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 12. SEPTIC SYSTEM	
D. Type of Water Supply			
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN	
E. Type of Mechanical			
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
F. Dimensions / Data			
17. NUMBER OF STORIES		21. FLOOR AREA:	
18. USE OF BASEMENT		BASEMENT	
19. CONSTRUCTION TYPE		1ST & 2ND FLOOR	
20. USE GROUP		3RD -10TH FLOOR	
		11TH - ABOVE	
		TOTAL AREA	
Number of Off Street Parking Spaces			
22. ENCLOSED _____		23. OUTDOORS _____	

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME	ADDRESS		
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER ()			

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.

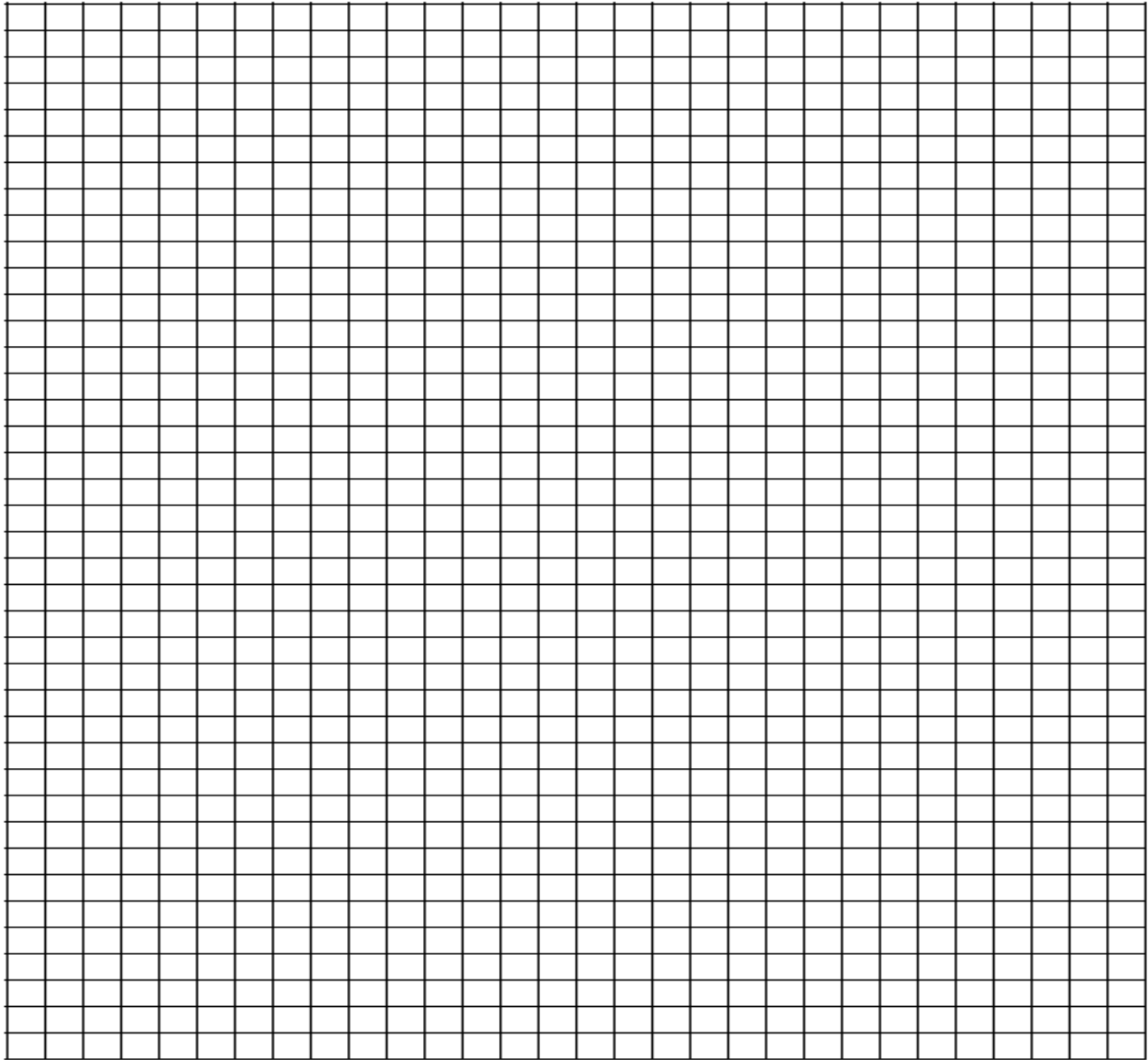
Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

Wales Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc...under the Americans with Disabilities Act, you may make your needs known to this agency

Signature of Applicant

VII. Local Governmental Agency to Complete This Section				
ENVIRONMENTAL CONTROL APPROVALS				
REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D - Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No			
E - Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No			
F - Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
G - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

VIII. Validation - For Department Use Only			
SQUARE FEET	NUMBER OF INSPECTIONS	X \$	= \$
BASE FEE \$			
PLAN REVIEW FEE \$			
BOND \$		TOTAL DUE \$	
APPROVAL SIGNATURE		Date	



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SITE OR PLOT PLAN FOR APPLICANT USE



PLEASE INDICATE NORTH

Site plan or Zoning Approval Signature:

Date: