



**Armada Township**  
 23121 E. Main Street, P.O. Box 578  
 Armada, Michigan 48005  
 Telephone: (586) 784-5200 Facsimile: (586)784-5211

|                                  |
|----------------------------------|
| Cost of improvement:<br>\$ _____ |
|----------------------------------|

## Application for Building Permit and Plan Examination

|   |   |
|---|---|
| Authority: Public Act 230 of 1972 as amended.<br>Completion: Mandatory to obtain permit<br>Penalty: Permit will not be issued | The building department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs. |
|---|---|

Applicant to complete all items in sections 1, 2, 3, 4, 5 and 6. Please note separate applications must be completed for plumbing, mechanical and electrical work permits.

|  |              |                    |                 |                 |
|--|--------------|--------------------|-----------------|-----------------|
| <b>1. Project Description</b>                          |              |                    |                 |                 |
| Project name   |              | Address            |                 |                 |
| City   | Village      | Township           | County          | Zip             |
| Between  |              | and                |                 |                 |
| <b>2. Identification</b>                               |              |                    |                 |                 |
| a. Owner or lessee                                     |              |                    |                 |                 |
| Name   |              | Address            |                 |                 |
| City   | State        | Zip                | Phone           |                 |
| b. Architect or engineer                               |              |                    |                 |                 |
| Name   |              | Address            |                 |                 |
| City   | State        | Zip                | Phone           |                 |
| License number   |              | Expiration         |                 |                 |
| c. Contractor  |              |                    |                 |                 |
| Name   |              | Address            |                 |                 |
| City   | State        | ZIP                | Phone           |                 |
| Builders license number                                |              | Expiration         |                 |                 |
| Federal employer ID number or reason for exemption     |              |                    |                 |                 |
| Workers Comp insurance carrier or reason for exemption |              |                    |                 |                 |
| MESC employer number or reason for exemption           |              |                    |                 |                 |
| <b>3. Type of Improvement and Plan Review</b>          |              |                    |                 |                 |
| a. Cost of improvement                                 |              |                    |                 |                 |
| b. Type of improvement<br><br>(circle one)             | New building | Addition           | Alteration      | Repair          |
|  | Demolition   | Mobile home set up | Foundation only | Pre-manufacture |
|  | Relocation   | Special inspection |                 |                 |
| c. Reviews to be Performed                             |              |                    |                 |                 |
| Building   | Electrical   | Mechanical         | Plumbing        | Foundation      |

**4. Proposed Use of Building**

**a. Residential (circle one)**

|            |                                       |                                 |                 |                 |
|------------|---------------------------------------|---------------------------------|-----------------|-----------------|
| One family | Two or more family<br>Number of units | Hotel, motel<br>Number of units | Attached garage | Detached garage |
|------------|---------------------------------------|---------------------------------|-----------------|-----------------|

Other:

**b. Non-residential (circle one)**

|                         |                            |                |                            |                   |
|-------------------------|----------------------------|----------------|----------------------------|-------------------|
| Amusement               | Church, religion           | Industrial     | Parking garage             | Service station   |
| Hospital, institutional | Office, bank, professional | Public utility | School, library, education | Store, mercantile |
| Tanks, towers           | 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.

**5. Selected Characteristics of Building**

**a. Principal Type of Frame**

|                       |            |                  |                     |       |
|-----------------------|------------|------------------|---------------------|-------|
| Masonry, wall bearing | Wood frame | Structural steel | Reinforced concrete | Other |
|-----------------------|------------|------------------|---------------------|-------|

**b. Principal Type of Heating Fuel**

|     |     |             |      |       |
|-----|-----|-------------|------|-------|
| Gas | Oil | Electricity | Coal | Other |
|-----|-----|-------------|------|-------|

**c. Type of Sewage Disposal**

|                           |               |
|---------------------------|---------------|
| Public or private company | Septic system |
|---------------------------|---------------|

**d. Type of Water Supply**

|                           |                         |
|---------------------------|-------------------------|
| Public or private company | Private well or cistern |
|---------------------------|-------------------------|

**e. Type of Mechanical**

|                                 |                                 |
|---------------------------------|---------------------------------|
| Will there be air conditioning? | Will there be fire suppression? |
|---------------------------------|---------------------------------|

**f. Dimensions/data**

|                          | Floor Area                                 | Existing | Alterations | New |
|--------------------------|--|----------|-------------|-----|
| No of stories: _____     | Basement                                   |          |             |     |
| Use Group: _____         | 1 <sup>st</sup> and 2 <sup>nd</sup> floors |          |             |     |
| Construction type: _____ | 3 <sup>rd</sup> – 10 <sup>th</sup> floors  |          |             |     |
| _____                    | 11 <sup>th</sup> and above                 |          |             |     |
| No of occupants: _____   | <b>Total area</b>                          |          |             |     |

**g. Number of Off Street Parking Spaces**

|          |          |
|----------|----------|
| Enclosed | Outdoors |
|----------|----------|

| 6. Applicant Information  |      |                                 |     |
|---|------|---------------------------------|-----|
| Applicant responsible for the payment of all fees and charges applicable to this application and must provide the following information.  |      |                                 |     |
| Name  |      | Telephone                       |     |
| Address   | City | State                           | Zip |
| Federal ID number/Social Security 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 residential structure. Violators of section 23a are subject to civil fines.                 |      |                                 |     |
| Signature of applicant:   |      |                                 |     |
| Plan review fee enclosed \$   |      | Building permit fee enclosed \$ |     |

| 7. 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. Fire District                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| c. Pollution control                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| d. Noise control                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| e. Soil erosion                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| f. Flood zone   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| g. Water supply                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| h. Septic system                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| i. Variance granted                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| j. Other  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |        |    |
| 8. Validation – for Department Use Only               |  |          |                       |        |    |
| Use group   |  |          | Base fee              |        |    |
| Type of construction                                  |  |          | Number of inspections |        |    |
| Square feet   |  |          |                       |        |    |
| Approval signature                                    |  |          |                       |        |    |
| Title   |  |          | Date                  |        |    |