

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

TITTABAWASSEE TOWNSHIP
 145 S. Second St., P.O. Box 158, Freeland, MI 48623-0158
 (989) 695-9512 Fax: (989) 695-5060
 www.tittabawassee.org

Parcel I.D. # -----

Permit# -----

Date Issued: _____

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION			
PROJECT NAME	ADDRESS		ZIP CODE
PROJECT DESCRIPTION			
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME	ADDRESS		
CITY	STATE	ZIPCODE	TELEPHONE NUMBER
B. ARCHITECT OR ENGINEER			
NAME	ADDRESS		
CITY	STATE	ZIPCODE	TELEPHONE NUMBER
LICENSE NUMBER			
C. CONTRACTOR/APPLICANT			
NAME	ADDRESS		
CITY	STATE	ZIPCODE	TELEPHONE NUMBER
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE
			9. <input type="checkbox"/> RELOCATION
			10. <input type="checkbox"/> SPECIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED			
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING
			<input type="checkbox"/> FOUNDATION

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

- 1 ONE FAMILY
2 TWO OR MORE FAMILY
NO. OF UNITS _____
- 3 HOTEL, MOTEL
NO. OF UNITS _____
- 4 ATTACHED/DETACHED GARAGE
- 5 STORAGE BUILDING, SHED or
POLE BUILDING
- 6 OTHER _____

B. NON-RESIDENTIAL

- 7 AMUSEMENT
8 CHURCH, RELIGION
9 INDUSTRIAL
10 PARKING GARAGE
- 11 SERVICE STATION
12 HOSPITAL, INSTITUTIONAL
13 OFFICE, BANK, PROFESSIONAL
14 PUBLIC UTILITY
- 15 SCHOOL, LIBRARY, EDUCATIONAL
16 STORE, MERCHANTILE
17 TANKS, TOWERS
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**

- 1 MASONRY, WALL BEARING 2 WOOD FRAME 3 STRUCTURAL STEEL 4 REINFORCED CONCRETE 5 OTHER

B. PRINCIPAL TYPE OF HEATING ENERGY

- 6 GAS 7 OIL 8 ELECTRICITY 9 COAL 10 OTHER

C. TYPE OF SEWAGE DISPOSAL

- 11 PUBLIC OR PRIVATE COMPANY 12 SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

- 13 PUBLIC OR PRIVATE COMPANY 14 PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONST. TYPE _____	1 ST & 2 ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 RD - 10 TH FLOOR	_____	_____	_____
	11 TH _ ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

I. ENERGY CODE COMPLIANCE	
24. AREAS OF CEILING	R - VALUES OF CEILINGS
25. AREAS OF SKYLIGHTS	U - VALUES OF SKYLIGHTS
26. AREAS OF WALLS	R-VALUES OF WALLS
27. AREAS OF WINDOWS	U - VALUES OF WINDOWS
28. AREAS OF DOORS	U-VALUES OF DOORS
29. AREAS OF BASEMENT WALLS	R - VALUES OF BASEMENT WALLS
30. AREAS OF FLOORS OVER UNCONDITIONED SPACE	R - VALUES OF FLOORS OVER UNCONDITIONED SPACE
31. AREAS OF CRAWL SPACE WALLS	R - VALUES OF CRAWL SPACE WALLS
32. FURNACE EFFICIENCY	
33. AIR CONDITIONING SEER RATING	

VI. APPLICANT INFORMATION	
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.	
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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
_____ OWNER	_____ CONTRACTOR _____ DESIGN PROFESSIONAL
<div style="border: 1px solid black; padding: 5px;"> <p>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.</p> </div>	
SIGNATURE OF APPLICANT _____	DATE _____
ESTIMATED COST OF CONSTRUCTION _____	Building Permit Fee _____ Sewer System Development Fee _____ Sewer Permit Fee _____ Drainage Review Fee _____ Plan Review Fee _____

VII. FOR DEPARTMENT USE			
A. SETBACKS			
ZONING DISTRICT _____	STREET YARD _____	STREET YARD _____	BACKYARD _____
	SIDE YARD(S) _____	SIDE YARD TOTAL _____	
	REQUIRED?	APPROVED	DATE
B. ZONING			
C. DRAINAGE REVIEW			
D. SOIL EROSION			
E. FLOOD PLAIN MGT.			
F. SEPTIC			
G. SIDEWALK			
H. DRIVEWAY			
I. OTHER _____			

ONE STORY WALL SECTION

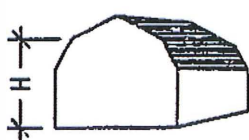
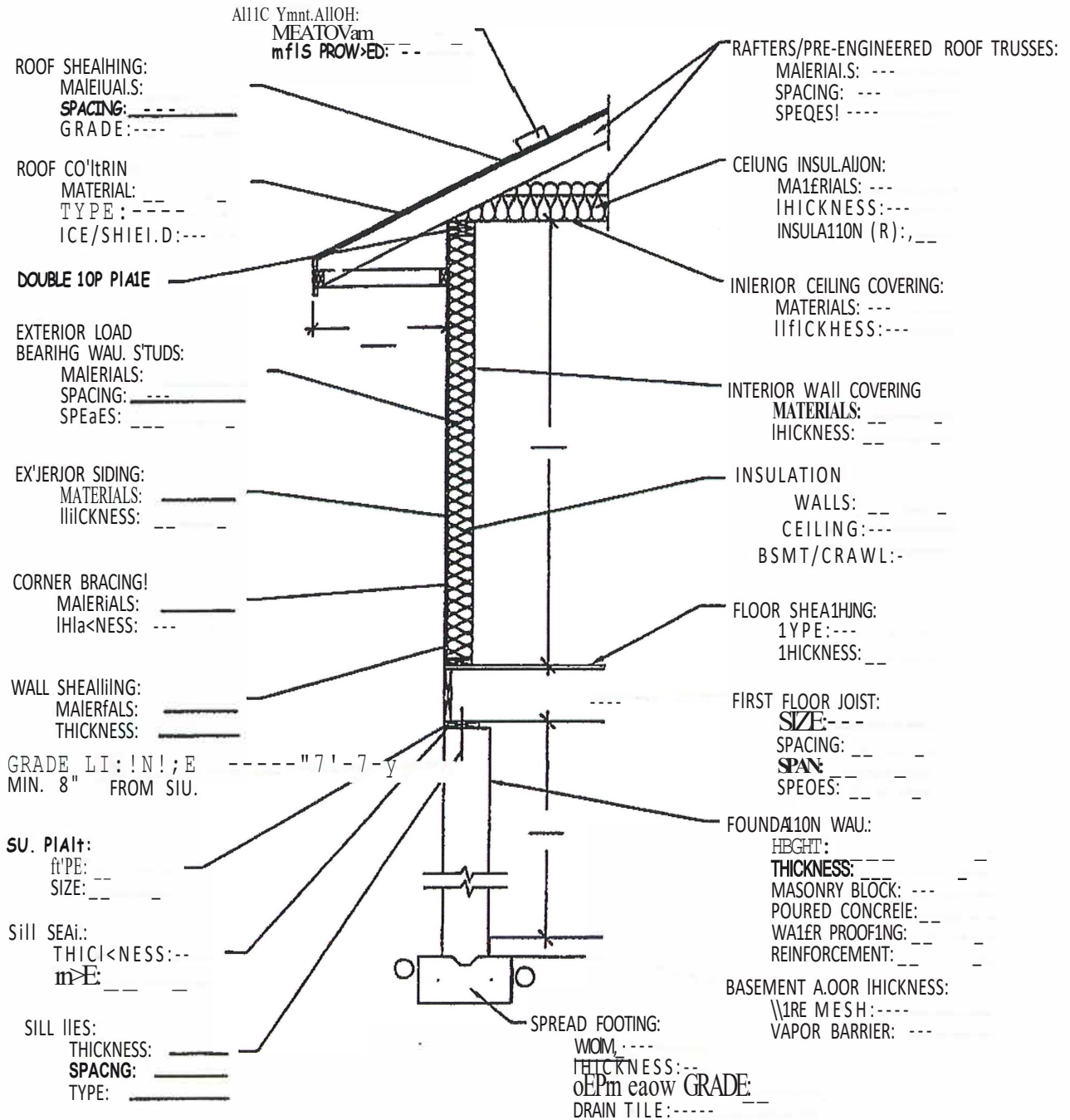
NAME: _____

JOB: _____

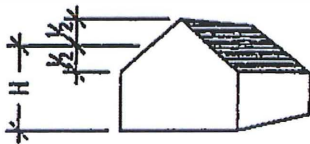
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DATE: _____

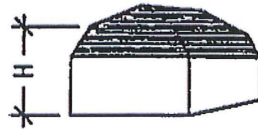
SIGNATURE: _____



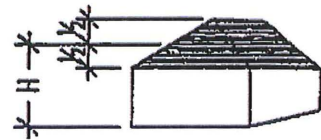
GAMBREL ROOF



GABLE ROOF



MANSARD ROOF

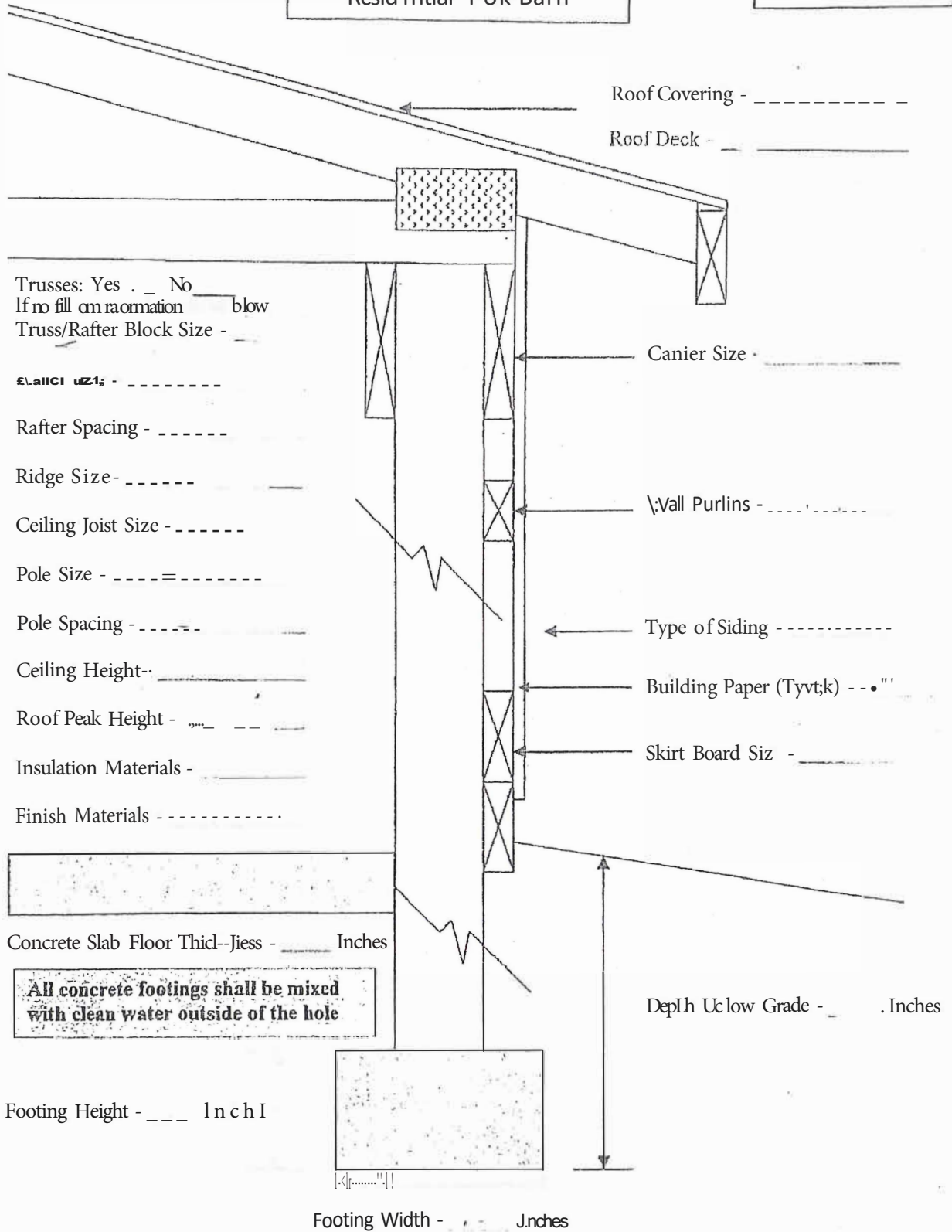


HIP ROOF

You must provide BUILDING HEIGHT _____ (mean height see above)

Rcsid mtial Pok Barn

Appendix C





Building Permit Background Information

Tittabawassee Township
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone: (989)695-9512

Please describe what you are intending to build:

Location			
Project Address:		Property ID Number: 29-13-3-	
Subdivision Name:	Lot #/Number:	Current Zoning:	
Structure Details			
Type of structure(pick one): Residential/Residential Accessory building/Commercial /Industrial/Agricultural			
Stories:	Building Height to Peele	Sidewall Height:	
Area to be Constructed, Added or Remodeled (specify in square feet)			
Finished Area:	1 st Floor:	2 nd Floor:	3 rd Floor:
Basement Area:	Finished:	Unfinished:	
Garage Area:			
Deck Area:	Porch Area:	Covered Patio Area:	Other Area:
Electric Facilities			
Meter Relocation (yes/no):		Breaker Upgrade (yes/no):	
Heat Source: Gas	Electric	Other	AC Added/Replaced (yes/no): AC Tons:
Total Construction Cost of Project:			
General Information			
Owner Name:		Contact Address:	
Owner Phone:		Contractor Email Address:	
General Contractor:		License #: _____	
Electrical Contractor:		License#: _____	
Plumbing Contractor:		License#: _____	
Mechanical Contractor:		License#: _____	
Person responsible for payment of permit fees, connection fees and metering costs:			
Name:		Phone:	

<i>I hereby acknowledge that I have read this application, filled out in full the information required and have provided an accurate plot plan. I certify that all information submitted on this application is true and accurate to the best of my knowledge and agree to build this structure according to the Ordinances of Tittabawassee Township and all applicable Michigan Building Codes.</i>	
Signature of Applicant:	Date:



Soil Erosion and Sedimentation Permit Confirmation

Tittabawassee TO\vnship
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone:(989)695-9512

Applicant Information	
Project Address	Property ID Number: 29-13-3-
Owner Name: (Please print)	Contact Address:
Email Address:	Phone:

You must contact the Saginaw County Public Works Commissioner's Office at (989) 790-5258 to see if a Soil Erosion and Sedimentation Control Permit (a.k.a. SESC Permit) is required. Their office is in the Saginaw County Courthouse, 111 S. Michigan Ave. If a permit is required, the form can be obtained from their website:

<http://saginawcounty.com/PublicWorks/Permits-and-Forms.aspx>

Is an SESC Permit required for this project? Yes: ____ No: ____

If Yes, please provide the SESC Permit number and attach a copy of the permit.

Permit Number: - - - -

If No, please provide the name of the person you spoke with at the Saginaw County Public Works Commissioner's Office and the date that you spoke with them.

Name of Staff Person: - - - - - Date: - - - - -

<i>I certify that all information submitted on this application is true and accurate to the best of my !<now/edge.</i>	
Signature of Applicant:	Date:

Approvals (for office use only)	
Reviewed by:	Date:
--	Confirmation that project does not need SESC Permit
--	SESC Permit Provided
Comments	



WATER/SEWER HOOKUP APPLICATION

Tittabawassee Township
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone:(989)695-9512

Connection Address:		Parcel #: 29-13-3-
Contractor:		Phone Number:
Bonded Contractor (for sewer hookup):		Phone Number:
Property Owner:		Phone Number:
Water Hookup		Permit#:
	<u>FEE:</u>	<u>Amount Paid:</u>
<u>Water Connection:</u>		
3/4"	\$4,750	\$ _____
1"	\$4,900	\$ _____
1 1/2"	\$5,600	\$ _____
2"	\$6,700	\$ _____
TOTAL:		\$ _____ (591.000.000-486.000)
Sewer Hookup		Permit#:
	<u>FEE:</u>	<u>Amount Paid:</u>
<u>Sewer:</u>		
Residential Connection Fee	\$1,200	\$ _____ (590-000.000-486.000)
Commercial Connection Fee	\$2,000	\$ _____ (590-000.000-486.000)

Administration Signature: _____

Date: _____

Total Receipt: _____ = = =

**Per Chapter 66 of the Tittabawassee Township Code of Ordinances potential additional fees may be incurred for long bores.*

