

Village of Grass Lake

119 N. Lake Street P.O. Box 737 Grass Lake, MI 49240
 PHONE: 517-522-4550 WEBSITE: VILLAGEOFGRASSLAKE.COM

Circle One:

APPLICATION FOR BUILDING PERMIT, ZONING COMPLIANCE REVIEW, AND PLAN EXAMINATION

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 MUST SUPPLY ALL INFORMATION IN SECTION I, II, III, IV, V AND VI

In order to avoid delay - all forms must be completely filled out and plans must contain required information.

NOTE: Separate applications must be completed for electrical, mechanical, and plumbing permits

I. PROJECT INFORMATION

Project Name		Address	
Lot Number	Parcel #		

II. IDENTIFICATION

<input type="checkbox"/> Owner		or	<input type="checkbox"/> Lessee	
Name		Address		Phone
				Cell Phone
City		State	Zip Code	
				Facsimile
				E-mail
Architect or Engineer			<input type="checkbox"/> Check box if not applicable	
Name		Address		Phone
				Cell Phone
City		State	Zip Code	
				Facsimile
				E-mail
License/Registration Number			Expiration Date	
Contractor <input type="checkbox"/> Check box if not applicable				
Name		Address		Phone
				Cell Phone
City		State	Zip Code	
				Facsimile
				E-mail
Builders License Number		Expiration Date	Federal Employer ID Number or Reason For Exception	

III. PROJECT DESCRIPTION, TYPE OF IMPROVEMENT AND PLAN REVIEW

Detailed Description of Project <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Estimated Cost of Construction \$
Type of Improvement - Check box(es) that are applicable <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"/> Repair <input type="checkbox"/> Mobile Home Set-up <input type="checkbox"/> Premanufactured <input type="checkbox"/> Other _____	
Review(s) requested to be preformed <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing Foundation	

IV. PROPOSED USE OF BUILDING/IMPROVEMENT

RESIDENTIAL <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE		
1. <input type="checkbox"/> One Family 2. <input type="checkbox"/> Duplex 3. <input type="checkbox"/> Multi-Family, No. of units _____	4. <input type="checkbox"/> Detached Accessory Structure 5. <input type="checkbox"/> Attached Garage 6. <input type="checkbox"/> Mobile Home	7. <input type="checkbox"/> Pool/Hot Tub 8. <input type="checkbox"/> Deck/Porch 9. <input type="checkbox"/> Other _____
NON-RESIDENTIAL <input type="checkbox"/> CHECK BOX IF NOT APPLICABLE		
10. <input type="checkbox"/> Amusement 11. <input type="checkbox"/> Church, Religion 12. <input type="checkbox"/> Industrial 13. <input type="checkbox"/> Parking Garage	14. <input type="checkbox"/> Service Station 15. <input type="checkbox"/> Hospital, Institutional 16. <input type="checkbox"/> Office, Bank, Professional 17. <input type="checkbox"/> Public Utility	18. <input type="checkbox"/> School, Library, Education 19. <input type="checkbox"/> Store, Mercantile 20. <input type="checkbox"/> Tanks, Tower 21. <input type="checkbox"/> Other _____
NON-RESIDENTIAL: <u>Describe in detail</u> the proposed use of the 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. Please indicate multiple uses separately (e.g. office and machine shop), _____ _____		

v. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME		
1. <input type="checkbox"/> Masonry, Wall Bearing 2. <input type="checkbox"/> Wood Frame 3. <input type="checkbox"/> Structural Steel 4. <input type="checkbox"/> Reinforced Concrete 5. <input type="checkbox"/> Other		
B. PRINCIPAL TYPE OF HEATING FUEL		
6. <input type="checkbox"/> Gas 7. <input type="checkbox"/> Oil 8. <input type="checkbox"/> Electricity 9. <input type="checkbox"/> Coal 10. <input type="checkbox"/> Other		
C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. NUMBER OF BATHROOMS
11. <input type="checkbox"/> Public or Private Company 12. <input type="checkbox"/> Septic System	13. <input type="checkbox"/> Public or Private Company 14. <input type="checkbox"/> Private Well or Cistern	<input type="checkbox"/> 1 – 2.5 <input type="checkbox"/> 3 – 3.5 <input type="checkbox"/> > 4 How many? _____
F. TYPE OF MECHANICAL		
15. Will there be air conditioning? Yes No		16. Will there be fire suppression? Yes No
G. DIMENSIONS/DATA		
17. Number of Stories _____ 18. Use Group _____ 19. Const. Type _____ 20. No. of Occupants _____	21. Floor Area: Existing Alterations New Basement _____ _____ _____ 1 st Floor _____ _____ _____ 2 nd Floor _____ _____ _____	
H. NUMBER OF OFF STREET PARKING SPACES		
<input type="checkbox"/> Enclosed _____ <input type="checkbox"/> Outdoors _____		

VI. APPLICANT INFORMATION

Name (Print)		Address	
City	State	Zip Code	Phone Number
Driver's License Number			Date of Birth
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 Charter Township of Grass Lake and 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 subject to civil fines,			
Signature Of Applicant (<u>Homeowner signature indicates compliance with Section VII. Homeowner Affidavit</u>)			Date

VII. HOMEOWNER AFFIDIVAT

I hereby certify the building work described on this permit application shall be installed **by myself in my own home** in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and **shall not be enclosed, covered, used, or put into operation until it has been inspected and approved** by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.

VIII. GENERAL INFORMATION:

GENERAL: Building work shall not be started until the application for permit has been filed. **No work shall be concealed until it has been inspected.**

When ready for an inspection, call the inspector providing at least 24 hours advance notice. The inspector will need the job location and permit #.

OCCUPANCY PERMITS: **NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, ELECTRICAL AND/OR ALL WELLISEPTIC WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING DEPARTMENT APPROVAL. ALL REINSPECTION FEES MUST ALSO BE PAID.**

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.** The building official is authorized to grant an extension of the permit for 180 days. The extension shall be requested in writing and justifiable cause demonstrated. A maximum of two extensions are allowed. A \$50 fee will be assessed for the first extension and a fee half of the original permit cost for the second extension.

X. FEE CHART/SCHEDULE — A Applicant is responsible for the payment of all fees and charges applicable to this application			
RESIDENTIAL RATES			
INSPECTION	FEE	# OF INSPECTIONS	TOTAL
Base Fee — Required on all permits	\$60.00		\$60.00
Footing Inspection	\$75.00		
Post Hole Inspection	\$75.00		
Rough Inspection	\$75.00		
Final Inspection	\$75.00		
Temporary Final Inspection	\$75.00		
Demolition Inspection	\$75.00		
Additional Inspection	\$75.00		
Backfill Inspection	\$75.00		
Insulation Inspection	\$75.00		
Ice Guard/Flashing /Ventilation Inspection	\$75.00		
New Contractor Fee	\$10.00		
Annual Contractor Fee	\$10.00		
Zoning Compliance Review Fee	\$45.00		
TOTAL FEES - Residential			\$ _____
NON-RESIDENTIAL RATES			
INSPECTION	FEE	# OF INSPECTIONS	TOTAL
Base Fee — Required on all permits	\$60.00		\$60.00
Footing Inspection	\$75.00		
Post Hole Inspection	\$75.00		
Backfill Inspection	\$75.00		
Insulation Inspection	\$75.00		
Rough Inspection	\$75.00		
Final Inspection	\$75.00		
Additional Inspection	\$75.00		
Zoning Compliance Review Fee	\$45.00		
TOTAL FEES - Non-Residential			\$ _____
Plan Review Fee - One tenth of one percent (.1%) of construction cost.			

Empty rectangular box for additional information or drawings.

XI. VALIDATION - LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

Property Tax ID # _____

Building Permit Number PB _____

Building Permit Issued Date ____/____/____

Approved By: _____

Building Permit Fee \$ _____

Building Inspector

Zoning District _____

Use _____

Front Yard _____

Side Yard _____

Side Yard _____

Rear Yard _____

Notes _____

Approved By:

Zoning Administrator