HOWARD CHARTER TOWNSHIP 1345 Barron Lake Rd Niles, MI 49120

Building Permit

Permit #

Building Inspector - Adam Dahlgren 269-998-2765 Email completed application to adamjdahlgren@gmail.com

Property Tax ID#_

Authority: LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. Failure to provide the information may result in denial of your request. enalty: **Project or Facility Information** ADDRESS NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED ZIP CODE ☐ City ☐ Village ☐ Township OF: COUNTY BETWEEN **Applicant** NAME E-MAIL ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER (Include Area Code) **Owner or Lessee** NAME ADDRESS TELEPHONE NUMBER (Include Area Code) CITY STATE ZIP CODE Signature I HEREBY CERTIFY ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY COMPLIANCE WITH MCL 125.1510(2). 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. SIGNATURE DATE ESTIMATED PROJECT COST CERTIFICATE OF OCCUPANCY (\$50.00 FEE) BUILDING PERMIT FEE ENCLOSED (The first \$100.00 of an application is OR STATE ACCOUNT NUMBER ☐ YES ☐ NO non-refundable) Validation - For Department Use Only **VALIDATION AREA** USE GROUP TYPE OF CONSTRUCTION _____ SQUARE FEET APPLICATION FEE (non-refundable) \$__ CERTIFICATE OF OCCUPANCY ☐ YES ☐ NO \$ NUMBER OF INSPECTIONS TOTAL PERMIT FEE _____ APPROVAL SIGNATURE _____

Contractor					
NAME			ADDRESS		
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			•		EXPIRATION DATE
FEDERAL EMPLOYER ID NUMB	BER (or reason for exemp	otion)	WORKERS COMP INSUR	ANCE CARRIER	(or reason for exemption)
UNEMPLOYMENT INSURANCE	AGENCY EMPLOYER A	ACCOUNT NUMBER (or reason for exemp	otion)		
Type of Improvement					
☐ NEW BUILDING ☐	ALTERATION	DEMOLITION	П	DUNDATION ONI	Y D RELOCATION
	REPAIR	☐ MOBILE HOME SET-UP	_	REMANUFACTUR	_
Plan Review Required					
•	cuments are requir	ed with each application for a po	ermit.		
					n 1980, PA 299 as amended. The seal and nd public works less than \$15,000 in total
For buildings regulated Plan Examination, the a	by the Michigan appropriate fee, a	Building Code, 2 sets of cons nd approved before a building	truction documents g permit can be issue	must be sub ed.	omitted with a separate Application for
BCC Plan Review Numb	per	Sch	nool Site Plan Review	v Number (if	different)
Residential - Buildings	Regulated by the	Michigan Residential Code			
☐ ONE FAMILY		☐ TOWNHOUSE NO. OF UNITS			☐ DETACHED GARAGE
☐ TWO OR MORE FAMILY NO. OF UNITS		☐ ATTACHED GAR	AGE		☐ OTHER
Buildings Regulated by	the Michigan Bu	Ilding Code			
☐ (A-1) ASSEMBLY (THEATRE		☐ (H-1) HIGH HAZARD (DETONATION)	Π /	//) MERCANTILE
_ ` ′ _ ` `	,	_ ` ′	,	_ `	,
(A-2) ASSEMBLY (RESTAUR	,	☐ (H-2) HIGH HAZARD (,		R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
(A-3) ASSEMBLY (CHURCH		(H-3) HIGH HAZARD (,	•	R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
(A-4) ASSEMBLY (INDOOR		(H-4) HIGH HAZARD	(HEALTH HAZARD)	_	R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
☐ (A-5) ASSEMBLY (OUTDOO	R SPORTS, ETC.)	☐ (H-5) HIGH HAZARD ((HPM)	☐ (F	R-4) RESIDENTIAL 4 (ASSISTED LIVIN\G)
☐ (B) BUSINESS		(I-1) INSTITUTIONAL	1 (SUPERVISED)	□ (S	S-1) STORAGE 1 (MODERATE HAZARD)
☐ (E) EDUCATION		(I-2) INSTITUTIONAL:	2 (HOSPITALS ETC.)	☐ (S	S-2) STORAGE 2 (LOW HAZARD)
☐ (F-1) FACTORY (MODERATI	E HAZARD)	☐ (I-3) INSTITUTIONAL :	3 (PRISONS ETC.)	☐ (L	J) UTILITY (MISCELLANEOUS)
☐ (F-2) FACTORY (LOW HAZ	ARD)	(I-4) INSTITUTIONAL	4 (DAY CARE ETC.)		
WILL THERE BE FIRE SUPPRES	SSION? YES I	NO SCOPE OF WORK?			
Type of Construction					
☐ 1A - Non Combustible (Prote☐ 2B - Non Combustible (Non F☐ 4 - Heavy Timber			Exterior Walls Only)	□ 3E	A - Non Combustible (Rated Structural Elements) 1HR 3 - Non Combustible (Bearing Walls Rated) 3 - Combustible (All Elements Not Rated)
C. Dimensions / Data				Scope	of Work Notes
FLOOR AREA:	EXISTING	ALTERATIONS	NEW		
BASEMENT					
1ST & 2ND FLOOR					
3RD FLOOR & ABOVE					
TOTAL AREA					

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Local Governmental Agency to Complete This Section

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	ВҮ
A - Zoning	☐ Yes ☐ No ☐ NA				
B - Fire District	☐ Yes ☐ No ☐ NA				
C - Health Department	☐ Yes ☐ No ☐ NA				
E - Soil Erosion	☐ Yes ☐ No ☐ NA				
F - Flood Zone	☐ Yes ☐ No ☐ NA				

The specification for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. A site plan showing the dimensions and the location of the proposed building or structure and the other buildings or structures on the same premises shall be submitted.

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 CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.

General: Building work shall not be started until the application for permit has been filed with the Bureau of Construction Codes. All installations shall be in conformance with the Michigan Building Codes. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number. Schedule permitting, an inspector will respond to an inspection request within 2 business days to schedule the inspection. The inspector will typically perform the inspection within 5 business days as his or her schedule permits.