

BUILDING PERMIT APPLICATION

Marcellus Township

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PERMIT # _____

PARCEL # _____

Authority: 1972 PA 230. Completion: Mandatory to obtain permit. Penalty: Application must be completed, signed, and proper fee paid, or permit will not be issued.

Applicant to Complete All Items in Sections I, II, III, IV, V, VI and VII

Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. PROJECT INFORMATION				
PROJECT NAME	ADDRESS			
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME	ADDRESS			
CITY	TELEPHONE NUMBER	EMAIL ADDRESS		
B. ARCHITECT OR ENGINEER				
NAME	ADDRESS			
CITY	TELEPHONE NUMBER	EMAIL ADDRESS		
LICENSE NUMBER	EXPIRATION DATE			
C. CONTRACTOR				
NAME	TELEPHONE NUMBER	EMAIL ADDRESS		
ADDRESS	CITY	ZIP CODE		
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				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> MOBILE HOME SET-UP
<input type="checkbox"/> ADDITION	<input type="checkbox"/> RE-ROOF	<input type="checkbox"/> BASEMENT FINISH	<input type="checkbox"/> DECKS/PORCHES	<input type="checkbox"/> ACCESSORY DWELLING UNIT
<input type="checkbox"/> POOL	<input type="checkbox"/> POOL FENCE			
B. PLAN REVIEW REQUIRED				
Complete Building Permit Application (with plot plan showing front, side, and rear setbacks, building location, etc.)				
Plans – 2 Hard Copies and 1 Electronic Copy (must be sealed if commercial or residential over 3,500 sq. ft)				
All Building Plans should show square footage on each level, example 1 st floor, 2 nd floor, garage, deck, porch etc.				
Copy of Builder's License				

IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE		
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER _____		
B. NON-RESIDENTIAL				
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL		
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE		
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS		
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> OTHER _____		
<p>NONRESIDENTIAL-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</p> <p>_____</p> <p>_____</p> <p>_____</p>				
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				
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		12. <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY				
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		14. <input type="checkbox"/> 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 _____	2. FLOOR AREA:		EXISTING	ALTERATIONS
18. TOTAL HEIGHT TO PEAK _____				NEW
19. USE GROUP _____	BASEMENT	_____	_____	_____
20. CONST. TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
21. NO. OF OCCUPANTS _____	PORCH/DECK	_____	_____	_____
	GARAGE	_____	_____	_____
	TOTAL AREA	_____	_____	_____
G. PROJECT COST				

VIII. 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 - DRIVEWAY	<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 - SEWER CONNECTION FEE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - WATER CONNECTION FEE	<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				

IX. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____

BASE FEE _____

TYPE OF CONSTRUCTION _____

NUMBER OF INSPECTIONS _____

SQUARE FEET _____

APPROVAL SIGNATURE

TITLE Building Official

DATE