

**Building Permit Application**  
 Tekosha Township  
 127 East Jackson / P O Box 91  
 Tekosha, Mi 49092

Zoning Administrator  
 Stacey Phelps 517-767-3366  
 or 517-767-3739

Building Inspector  
 Frank Ballard 269-209-2094

**B 2006 B**

Authority:	1972 PA 230
Completion:	Mandatory to obtain permit
Penalty:	Permit cannot be issued

**Applicant to Complete All Items in Sections 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	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b>			
BETWEEN		AND	
II. Identification			
A. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
C. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UIA NUMBER (or reason for exemption)			
III. Type of Improvement and Plan Review			
A. Type of Improvement			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE
		<input type="checkbox"/> 9. RELOCATION	<input type="checkbox"/> 10. SPECIAL INSPECTION
B. Plan Review Required			
<p><b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b></p> <p><b>Plans are not required</b> for alterations and repair work determined by the building official to be of a minor nature.</p> <p>Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.</p>			
BCC Plan Review Project No. _____		School Site Plan Review No. _____	

**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 GARAGE
- 5. DETACHED GARAGE
- 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, MERCANTILE
- 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 Fuel**

- 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:	<b>EXISTING</b>	<b>ALTERATIONS</b>	<b>NEW</b>
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

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

- 22. ENCLOSED \_\_\_\_\_
- 23. OUTDOORS \_\_\_\_\_

**VI. Applicant Information**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

FEDERAL EMPLOYER ID NUMBER (or reason for exemption) \_\_\_\_\_

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 a residential structure. Violators of section 23a are subjected to civil fines.

**Signature of Applicant**

BUILDING PERMIT FEE ENCLOSED  
 (The first \$75.00 of an application is non-refundable) \$ \_\_\_\_\_ OR STATE ACCOUNT NUMBER \_\_\_\_\_

**VII. Local Governmental Agency to Complete This Section**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
<b>A - Zoning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B - Fire District</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>C - Pollution Control</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D - Noise Control</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E - Soil Erosion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>F - Flood Zone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>G - Water Supply</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>H - Septic System</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I - Variance Granted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>J - Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**VIII. Validation - For Department Use Only**

USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_

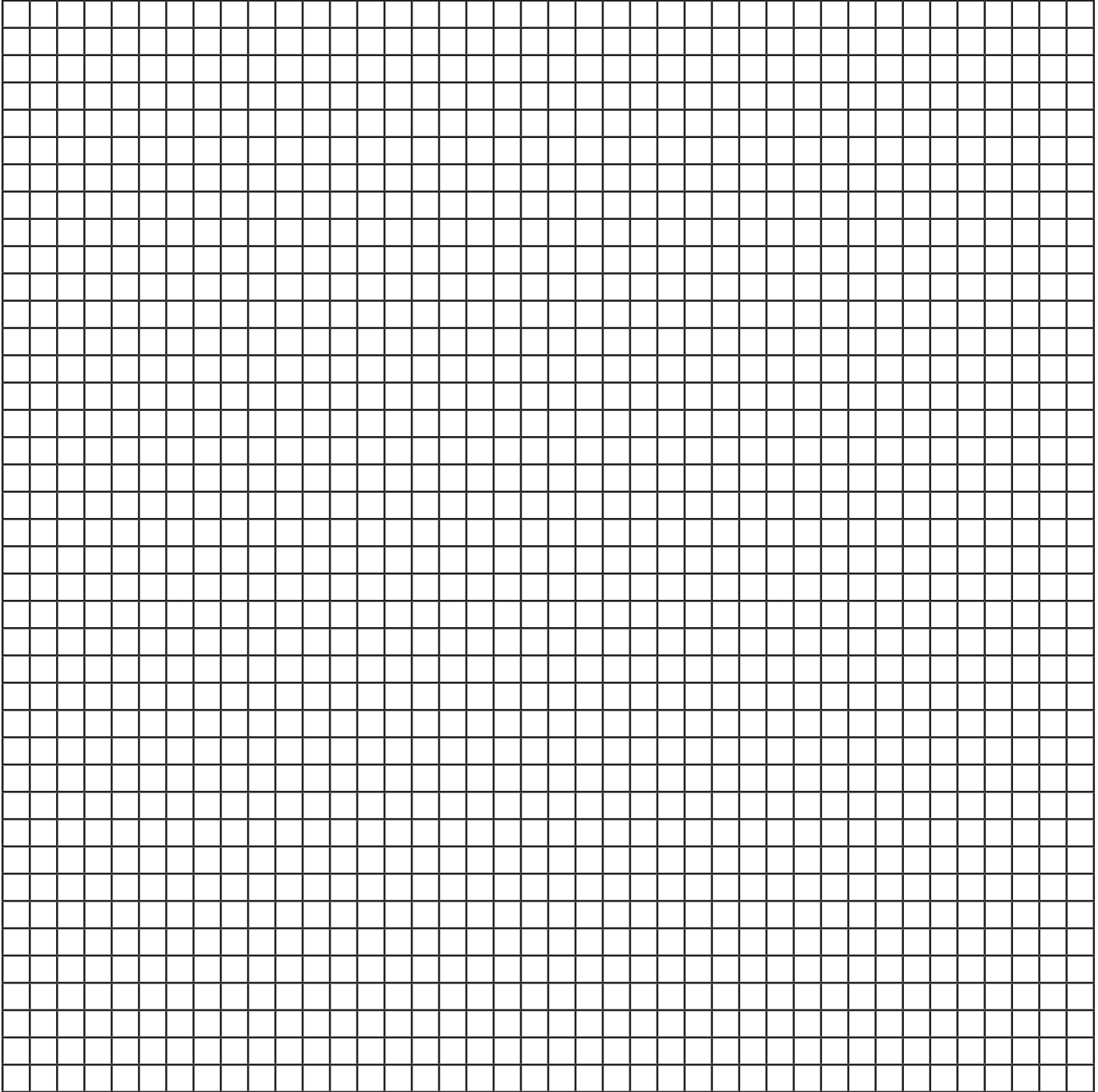
TYPE OF CONSTRUCTION \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_

SQUARE FEET \_\_\_\_\_

**APPROVAL SIGNATURE**

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**IX. Site or Plot Plan - For Applicant Use**



**OFFICE USE ONLY**

**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 OR REINSTATED.**

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.