## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

## **DUNDEE TOWNSHIP**

179 MAIN STREET DUNDEE, MICHIGAN

PHONE: (734) 529-2650 FAX: (734) 529-5909

PERMIT	#	 	_	

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED, SIGNED, PROPER FEE ENCLOSED, OR PERMIT WILL NOT BE ISSUED.

DUNDEE TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.

48131

## 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

1. LOCATION OF BUILDING	G				
ADDRESS					
CITY/VILLAGE		TOWNSHIP	COUNTY	ZIP CODE	
PARCEL TAX ID#				DATE	
II. IDENTIFICATION					
A. OWNER OR LESSEE					
NAME			TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
B. ARCHITECT OR ENGINE	EER		1		
NAME			TELEPHONE NUMBER		
ADDRÉSS		CITY	STATE	ZIP	
LICENSE NO.			EXPIRATION DATE		
C. CONTRACTOR					
NAME			TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
BUILDERS LICENSE NUMBER		<u> </u>	EXPIRATION DATE	1	
FEDERAL EMPLOYER ID NUMBE	R OR REASON FOR E	XEMPTION	<u> </u>		
WORKERS COMP. INSURANCE C	CARRIER OR REASON	FOR EXEMPTION			
MESC. EMPLOYER NUMBER OR	REASON FOR EXEMP	TION			
III. TYPE OF IMPROVEMEN	IT AND PLAN REV	/IEW			
A. TYPE OF IMPROVEMEN					
1. NEW BUILDING 3.		5. ☐ WRECKING 6. ☐ MOBILE HOME SETUP	7.☐ FOUNDATION ONLY 8.☐ PREMANUFACTURE	9.  RELOCATION	
B. REVIEWS TO BE PERFO					
	PLUMBING	☐ MECHANICAL	☐ ELECTRICAL	☐ ENERGY	

A. RESIDENTIAL					
1. ☐ ONE FAMILY	3. ☐ HOTEL, MOTE		5. 🗆 DETACHED GARAGE		
2. ☐ TWO OR MORE FAMILY	(NO. OF UNITS 4. □ ATTACHED GA		6. C OTHER		
(NO. OF UNITS)					
B. NON-RESIDENTIAL					
7.   AMUSEMENT	11.☐ SERVICE STA		15.☐ SCHOOL, LIBRARY, EDUCATIONAL 16.☐ STORE, MERCANTILE		
8. □ CHURCH, RELIGION 9. □ INDUSTRIAL	12.□ HOSPITAL, IN 13.□ OFFICE, BANI		17.□ TANKS, TOWERS		
10.□ PARKING GARAGE	14. PUBLIC UTILI		18.□ OTHER		
BUILDING AT HOSPITAL, ELEMENTARY	SCHOOL, SECONDARY SCI BUILDING, OFFICE BUILDIN	HOOL, COLLEGE, PAI	ROCESSING PLANT, MACHINE SHOP, LAUNDR ROCHIAL SCHOOL, PARKING GARAGE FOR LANT. IF USE OF EXISTING BUILDING IS BEING		
V. SELECTED CHARACTERISTIC	S OF BUILDING				
A. PRINCIPAL TYPE OF FRAME					
1. ☐ MASONRY, WALL BEARING 4. ☐ REINFORG	2. D WOOD FRAMI CED CONCRETE	E 5. 🗆 OTHER	3. ☐ STRUCTURAL STEEL		
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 SYS	STEM		
D. TYPE OF WATER SUPPLY					
13.   PUBLIC OR PRIVATE COMPANY		14. D PRIVATE W	ELL OR CISTERN		
E. TYPE OF MECHANICAL					
15. WILL THERE BE AIR CONDITIONING?	YES NO	16. WILL THERE BE	FIRE SUPPRESSION? TYES NO		
F. DIMENSIONS / DATA					
17. NUMBER OF STORIES		. 18. FLOOR AREA			
			3RD - 10TH FLOOR  11TH - ABOVE FLOOR		
			TOTAL AREA		
G. NUMBER OF OFF STREET PA	RKING SPACES				

APPLICANT IS RESPONSIBLE PROVIDE THE FOLLOWING IN		MENT OF AL	L FEES AND CHARGI	ES APPLICABLE 1	TO THIS APPLICATIO	N AND MUST	
NAME				TELEPHONE NUMBER			
ADDRESS				CITY	STATE	ZIP CODE	
FEDERAL ID NUMBER / SOCIA	AL SECURITY N	UMBER					
FEE ENCLOSED	FEE ENCLOSED \$		VALUE	VALUE			
SIGNATURE OF APPLICANT							
VII. LOCAL GOVERNME	NTAL AGEN	CY TO CO	MPLETE THIS SI	ECTION			
	EI	NVIRONM	ENTAL CONTROL	L APPROVALS	\$		
	REQI	UIRED ?	APPROVED	DATE	NUMBER	ВУ	
A - ZONING	☐ YES	□ NO					
B - FIRE DISTRICT	☐ YES	□ NO					
C - POLLUTION CONTROL	☐ YES	□ NO					
D - NOISE CONTROL	☐ YES	□ NO					
E - SOIL EROSION	☐ YES	□ NO					
F - FLOOD ZONE	☐ YES	□ NO					
G - WATER SUPPLY	☐ YES	□ NO					
H - SEPTIC SYSTEM	☐ YES	□ NO					
I - VARIANCE GRANTED	☐ YES	□ NO					
J - OTHER	☐ YES	□ NO					
VIII. VALIDATION - FOR	DEPARTME	VT USE O	NLY				
USE GROUP				BASE FEE			
TYPE OF CONSTRUCTION				NUMBER OF INSPECTIONS			
SQUARE FEET			<del></del>				
APPROVAL SIGNATURE							
					DATE		

IF PERMIT IS BEING REQUESTED BY MAIL, ENCLOSE A COPY OF YOUR CURRENT LICENSE AND SELF ADDRESSED, STAMPED ENVELOPE, AND ADDRESS TO BUILDING DEPT. IF RECEIPT AND PERMIT IS TO BE RETURNED. OTHERWISE, PERMIT AND RECEIPT MUST BE PICKED UP AT THE TOWNSHIP OFFICE.

INSTRUCTIONS FOR	COMPLETING APPLICA	TION			
been filed with Dundee To	ownship. All installations sha	all be in conformance with	rted until the application for permit has the Code. <b>No</b>		
vork shall be concealed until it has been inspected.  Initial					
The name of the inspector	and the telephone number w	vill be provided on the perm	mit form.		
When ready for an inspect job location and permit		fing as much advance notic	ce as possible. The inspector will need the		
conducted. A permit shall the permit or if the authoric commencing work. A per	become invalid if the author ized work is suspended or ab mit will be cancelled when	ized work is not commence andoned for a period of six no inspections are reques	sing and inspections are requested and ced within six (6) months after issuance of x (6) months after the time of sted and conducted within six (6) d permits cannot be refunded or		
1 cmstateur		Initial_			
prepared by or under the dof 1980, as amended, and BEFORE A PERMIT C. Exception 1: Alterations and rep Exception 2: Work completed b Exception 3: A building of use g Exception 4: Wiring or alteration	or new construction work, alt lirect supervision of an archit shall bear that architect's or an architect architect's or a governmental subdivision or stagroup R-3 or R-4 containing not man to an electrical system that costs	tect or engineer licensed prengineer's signature and so oriate official to be of a minor nate agency costing less than \$15 ore than 3,500 square feet of builess than \$10,000.00, unless required.  Initial	i,000.00. ilding area. quested by administrative authority.		
of the Michigan Compile this State relating to pers	d Laws, prohibits a person	from conspiring to circuresidential buildings or	blic Act 1972, being Section 125.1523a umvent the licensing requirements of a residential structure. Violators of		
Signature of Licensee or	Homeowner (Homeowners	s must also sign affidavit	below)		
P	rint Name		_		
Si	ignature		Date		
Di	g/arture				
I am living or about to occ shall not be enclosed, con Township building, plumb	upy. All work shall be instal vered up, or put into operation	led in accordance with the on until it has been inspectal inspector. I will cooperate	led by myself in my own home in which Dundee Township adopted Code and eted and approved by the Dundee ate with the Dundee Township inspectors		
Print Name		_			
Signature of Homeowner	•		Date		
Application For:					
☐ Building	☐ Electrical	Plumbing	Mechanical		