

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP-ADDITION

GRAND BLANC TOWNSHIP- Building Department, PO Box 1833, Grand Blanc, MI 48480

INSPECTIONS VOICE MAIL SYSTEM: (810) 424-2690 INSPECTIONS HELP: (810) 424-2782 PERMITS HELP: (810) 424-2720 FAX: (810) 424-2721

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.

AUTHORITY: P.A.230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT CANNOT BE ISSUED

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, and V and provide PLOT PLAN (if required for job)
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED for PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

PROJECT INFORMATION

PROJECT ADDRESS				
CITY	STATE MICHIGAN	ZIP CODE	TOWNSHIP GRAND BLANC	COUNTY GENESEE
NEAREST CROSS STREETS	SUBDIVISION	LOT #	DATE OF APPLICATION	

IDENTIFICATION

A. OWNER OR LESSEE

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

B. ARCHITECT OR ENGINEER; PLEASE NOTE: RESPONSIBLE FOR WORK? YES NO

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER	EXPIRATION DATE	FAX NUMBER		

C. CONTRACTOR

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER	EXPIRATION DATE	FAX NUMBER		

FED EMPLOYER ID NUMBER/REASON FOR EXEMPTION	WORKER'S COMP INSURANCE CARRIER/REASON EXEMPT	MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION
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COMPLETING APPLICATION

GENERAL: Construction shall not be started until the permit has been approved and issued. All construction shall be in compliance with the building code currently in effect. **No work shall be concealed until it has been inspected.** When ready for an inspection, set up the inspection with at least 1 day's notice. The request must include the job location and permit number.

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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTIONS. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

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THIS PAGE IS ONLY REQUIRED FOR THE CONSTRUCTION OF A NEW HOUSE, AN ADDITION TO AN EXISTING HOUSE, OR FOR COMMERCIAL/INDUSTRIAL PERMITS

A. PRINCIPAL TYPE OF FRAME															
Masonry, Wall Bearing			Wood Frame			Structural Steel			Reinforced Concrete		Other				
B. PRINCIPAL TYPE OF HEATING FUEL				C. TYPE OF SEWAGE DISPOSAL				D. TYPE OF WATER SUPPLY							
Gas	Oil	Electric	Other		Public Co		Septic System		Public Co		Private Well				
E. TYPE OF MECHANICAL															
WILL THERE BE AIR CONDITIONING?				YES		NO		WILL THERE BE FIRE SUPPRESSION?				YES		NO	
F. DIMENSIONS/DATA <small>(this section MUST be complete for new construction and additions)</small>															
Street Frontage			# Residential Units				Stories (#)			Fireplaces (#)					
Front Setback			Elevators/Escalators (#)				Bedrooms (#)			Garage Area (SF)					
Rear Setback			Office/Sales				Full Baths (#)			Enclosed Parking (#)					
Left Setback			Service				Partial Baths (#)			Outside Parking (#)					
Right Setback			Manufacturing				Garages (#)			Lot Area (SF)					
Height Above Grade			# Occupants				Windows (#)			Parking Area (SF)					
FLOOR AREA (square feet)				NEW CONSTRUCTION				EXISTING				ALTERATIONS			
Crawl Space		Slab on Grade													
Basement Area - Total Sq Ft				Finished Area											
1st Floor (sq ft)															
2nd Floor (sq ft)															
3rd & Above (sq ft)															
Total Building Area (sq ft)															
REQUIRED INSPECTIONS															
Foundation	Sub Soil	Backfill	Pea Rock	Footing	Tr Footing	Posthole	Rough	Insulation	Above Ceiling	Final	Occupancy				
IMPROVEMENT TYPE		PROPOSED USE:								Are any structural assemblies fabricated off-site?					
New Construction		ASSEMBLY		RESIDENTIAL			STORAGE								
Addition		Theatre		Hotel, Motel			Moderate Hazard								
Alteration		Night Club		Multi-Family			Low Hazard								
Repair/Replacement		Restaurant		Two Family			OTHER								
Demolition		Church		Single Family			Parking Garage								
Relocation		Other Assembly		INSTITUTIONAL			Carport								
Foundation Only		BUSINESS		Group Home			Motor Fuel Service								
Change of Use Only		EDUCATIONAL		Hospital			Repair Garage								
EXTERIOR WALLS		Grades 1 - 12		Jail			Public Utility			Estimated Date of Completion					
Steel		Day Care Facility		MERCANTILE			Other:								
Masonry		HIGH HAZARD													
Concrete															
Wood															
Other															

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**HOMEOWNER SIGNATURE REQUIRED ON THIS PAGE
IF
HOMEOWNER OBTAINING OWN BUILDING PERMIT**

The Michigan Licensing Law gives the homeowner an exemption to act as the general contractor if the homeowner is building his own residence for his own use. This means that, in the case of his own single family residence (not a duplex or apartment building) the homeowner may act as the general contractor, even though a licensed builder may be significantly involved. 339.2403 of the Michigan Occupational Code states:

A person may engage in the business of or act in the capacity of a residential building without having a license if the person is:

An owner of property with references to a structure on the property for the owner's own use and occupancy

If the homeowner acts as the general contractor and pulls the permit he should be made aware of the following:

THAT AS THE PERMIT HOLDER, THE HOMEOWNER INCURS ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

THIS MEANS THAT:

- 1 IT WILL BE THE HOMEOWNER'S RESPONSIBILITY TO CORRECT ANY CODE VIOLATIONS, EVEN IF THE CONTRACTOR OR ANY OTHER PERSONS DID THE WORK.
- 2 THE HOMEOWNER CAN BE HELD LIABLE FOR ANY INJURY WHICH OCCURS ON THE JOB, WHETHER IT IS A BUILDER'S OR SUBCONTRACTOR'S EMPLOYEE.
- 3 THE HOMEOWNER IS RESPONSIBLE FOR WORKER'S COMPENSATION, ALL WITHHOLDING TAXES, BOTH FEDERAL AND STATE, AND FAICA TAXES FOR ALL PERSONS ON THE JOB.
- 4 IN THE EVENT OF AN OCCURENCE BEYOND THE BUILDER'S CONTROL (LAWSUITS, ETC.) WHICH CAUSES THE BUILDER TO BE UNABLE TO COMPLETE THE WORK, THE HOMEOWNER WILL BE LEGALLY RESPONSIBLE FOR THE COMPLETION OF THE JOB.

I, _____, HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

SIGNATURE

DATE

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PLAN OR BLUE PRINT SUMMARY - TO BE USED FOR NEW HOUSES OR ADDITIONS TO AN EXISTING HOUSE.

NOTE: If I-Joists are used shop drawings must be supplied at time of ROUGH INSPECTION

Basement Foundation:

Spread footing: Size: _____

Reinforcement: _____

Bleeders: Spacing: _____ oc

Size: _____

Poured Wall: Size: _____ Height: _____

Block Wall: Size: _____ Height: _____

Is a membraned tile being used?

Yes _____ No _____

Is basement being dampproofed? _____

Is basement being waterproofed? _____

Beam Size _____ Column Size _____

Spacing _____ Reinforcement _____

Is there 4" of pea stone under basement slab?

Yes _____ No _____

Is visqueen under basement slab?

Yes _____ No _____

Framing:

Exterior Walls: 2x4 2x6 Steel Studs _____

Interior Walls: 2x4 2x6 Steel Studs _____

Floor Joist:

1st Floor Size _____ Species _____ Location _____

2nd Floor Size _____ Species _____ Location _____

Framing: (continued)

I Joist:

1st Floor Size _____ Species _____ Location _____

2nd Floor Size _____ Species _____ Location _____

Manufacturer: _____

Laminated Beams: Size _____ Location _____

Size _____ Location _____

Manufacturer: _____

Stairs: Riser height _____ Tread width _____

Are stair nosings being used: Yes _____ No _____ Size _____

Are Treads: Wood _____ Carpet _____ Vinyl _____

Trusses: 2x4 2x6 Manufactured _____

Rafters Size _____ Species _____

Ceiling Joists Size _____ Species _____

Are all windows within 5' of tub or shower floor tempered? Yes _____ No _____

Is ice & water shield of 90# rolled roofing being using in all valley & eaves?

Does the entire roof have #15 felt paper? Yes _____ No _____

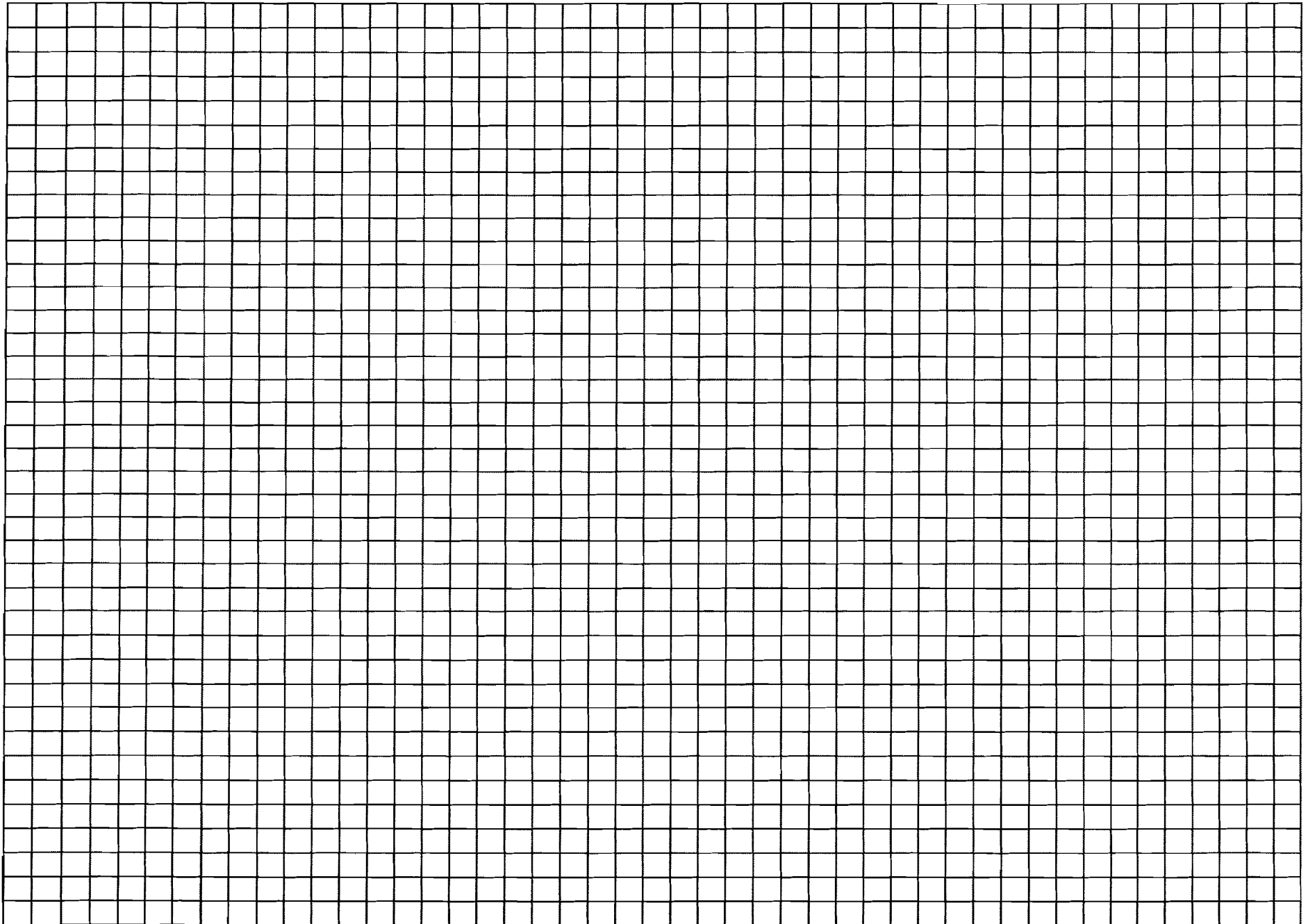
Do the submitted plans reflect what is being built? Yes _____ No _____
If no, explain: _____

Are the plans reversed? Yes _____ No _____
(Grand Blanc Township DOES NOT ACCEPT reverse plans).

Signature: _____

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PLEASE USE THIS PAGE FOR ANY REQUIRED SKETCHES OR CONSTRUCTION DRAWINGS

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP
REQUIRED PLOT PLAN - SHOW ALL DIMENSIONS AND DISTANCES INCLUDING ANY RIGHT OF WAYS
LOCATE ALL OVERHEAD POWER LINES WITHIN 36 FEET OF PROPOSED CONSTRUCTION



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 NO.

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.

I hereby certify that 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 covered up, enclosed, or put into operation until it has been inspected and approved by the Township Inspector. I shall cooperate with the Township Inspector and I assume the responsibility to arrange for all necessary inspections.

CONSTRUCTION COST - PROPOSED WORK: \$ _____

PLEASE NOTE: PERMIT OR DENIAL WILL BE ISSUED WITHIN 20 DAYS OF SUBMISSION OF COMPLETE APPLICATION UNLESS OTHERWISE NOTIFIED.

SIGNATURE OF licensee or homeowner (homeowner signature indicates compliance with homeowner's affidavit)

X

DATE: _____

VI. STATE GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION:
ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A Zoning	Yes _____ No _____				
B Fire Department	Yes _____ No _____				
C Pollution Control	Yes _____ No _____				
D Noise Control	Yes _____ No _____				
E Soil Erosion	Yes _____ No _____				
F County "B" Permit Present in Packet	Yes _____ No _____				
G Health and Sanitation	Yes _____ No _____				
H Water Supply	Yes _____ No _____				
I Septic System	Yes _____ No _____				
J Variance Granted	Yes _____ No _____				
K Sewer and Water Capacity	Yes _____ No _____				

VII. VALIDATION - FOR DEPARTMENT USE ONLY

Use Group _____	Construction Type _____	Square Feet _____	Permit Fee	\$ _____
APPROVAL SIGNATURE/TITLE _____			Insulation Fee	\$ _____
			Plan Review Fee	\$ _____
			TOTAL FEES DUE	\$ _____
			DATE	_____