

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP

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

INSPECTIONS VOICE MAIL SYSTEM: (810) 424-2690 INSPECTIONS HELP: (810) 424-2630 PERMITS HELP: (810) 424-2782 FAX: (810) 424-2783

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

I. PROJECT INFORMATION

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

II. 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		EMAIL	

C. CONTRACTOR

NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER/FAX NUMBER	
BUILDERS LICENSE NUMBER	EXPIRATION DATE		EMAIL	
FED EMPLOYER ID NUMBER/REASON FOR EXEMPTION	WORKER'S COMP INSURANCE CARRIER/REASON EXEMPT	MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		

III. 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 INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

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III. COMPLETING APPLICATION (CONTINUED)

REQUIRED SUBMITTALS and INFORMATION for Construction Projects
NEW HOUSE
Energy Code Worksheet - Including Window/Door Manufct Info
2 Sets Constr Drawings/Plot Plan With Footprint of Construction
Computer Disk for Drawings (if available) with Info Sheet
Complete and Sign Plan Summary Page in Application (Page 5)
Houses 3,500 Sq Ft or Over REQUIRE:
Signed/Sealed Construction Plans and Structural Calculations
ADDITION TO EXISTING HOUSE
Smoke Detectors Must be Upgraded/Hardwired entire structure
Complete Plot Plan
Over 3,500 Sq Ft Require Signed/Sealed Plans and Calculations
Construction Drawings or Blueprints (may be hand sketched)
Complete and Sign Plan Summary Page in Application (Page 5)
HOMEOWNER OBTAINING OWN PERMIT Sign Page 4
Possible required inspections Please check your permit
Foundation -- Subsoil
Backfill
Pea Rock
Footing
Trench Footing // Garage - Walk-Out
Underslab
Masonry
Rough
Insulation
Posthole (if deck included in permit)
Final/Occupancy

A. PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE WORK TO BE COMPLETED UNDER THIS PERMIT:

Single Family: Attached or Detached		
Basement: Finished or Unfinished		
Deck: Included or Not Included		
Joist Size	Post Size	Beam Size
MUST SHOW DECK ON PLOT PLAN	Size of Structure	Height from Grade
Estimated Start Date		Estimated Completion Date
IMPROVEMENT TYPE	EXTERIOR WALLS	RESIDENTIAL
New Construction	Steel	Hotel, Motel
Addition	Masonry	Multi-Family
Alteration	Concrete	Two Family
Repair/Replacement	Wood	Are any structural assemblies fabricated off-site?
Relocation	Other	
Foundation Only		

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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								
<u>Masonry, Wall Bearing</u>		<u>Wood Frame</u>		<u>Structural Steel</u>		<u>Reinforced Concrete</u>		<u>Other</u>
B. PRINCIPAL TYPE OF HEATING FUEL				C. TYPE OF SEWAGE DISPOSAL		D. TYPE OF WATER SUPPLY		
<u>Gas</u>	<u>Oil</u>	<u>Electric</u>	<u>Other</u>	<u>Public Co</u>	<u>Septic System</u>	<u>Public Co</u>	<u>Private Well</u>	
E. TYPE OF MECHANICAL								
TYPE OF HEATING:					WILL THERE BE AIR CONDITIONING? _____ YES _____ NO			
F. DIMENSIONS/DATA <i>this section MUST be complete for new construction and additions</i>								
<u>Street Frontage</u>		<u>Height Above Grade</u>			<u>Stories (#)</u>		<u>Garage Area (SF)</u>	
<u>Front Setback</u>		<u>Lot Area (SF)</u>			<u>Bedrooms (#)</u>		<u>Enclosed Parking (#)</u>	
<u>Rear Setback</u>		<u>Parking Area (SF)</u>			<u>Full Baths (#)</u>		<u>Outside Parking (#)</u>	
<u>Left Setback</u>		<u>Windows (#)</u>			<u>Partial Baths (#)</u>		<u>Garages (#)</u>	
<u>Right Setback</u>		<u># Residential Units</u>			<u>Fireplaces (#)</u>			

<u>FLOOR AREA (square feet)</u>	<u>NEW CONSTRUCTION</u>	<u>EXISTING</u>	<u>ALTERATIONS</u>
Crawl Space (area)			
Slab on Grade (area)			
Total area in basement (sq ft)			
Finished area in basement (sq ft)			
1st Floor (sq ft)			
2nd Floor (sq ft)			
3rd & Above (sq ft)			
Total Building Area (sq ft)			

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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 OCCURRENCE 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/sock tile being used?
Yes _____ No _____

If no, please specify tile: _____

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

Manufacturer: _____

Header: Size/Length Location

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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Roof Ventilation must comply with Sectin R806 of the Michigan Residential Code

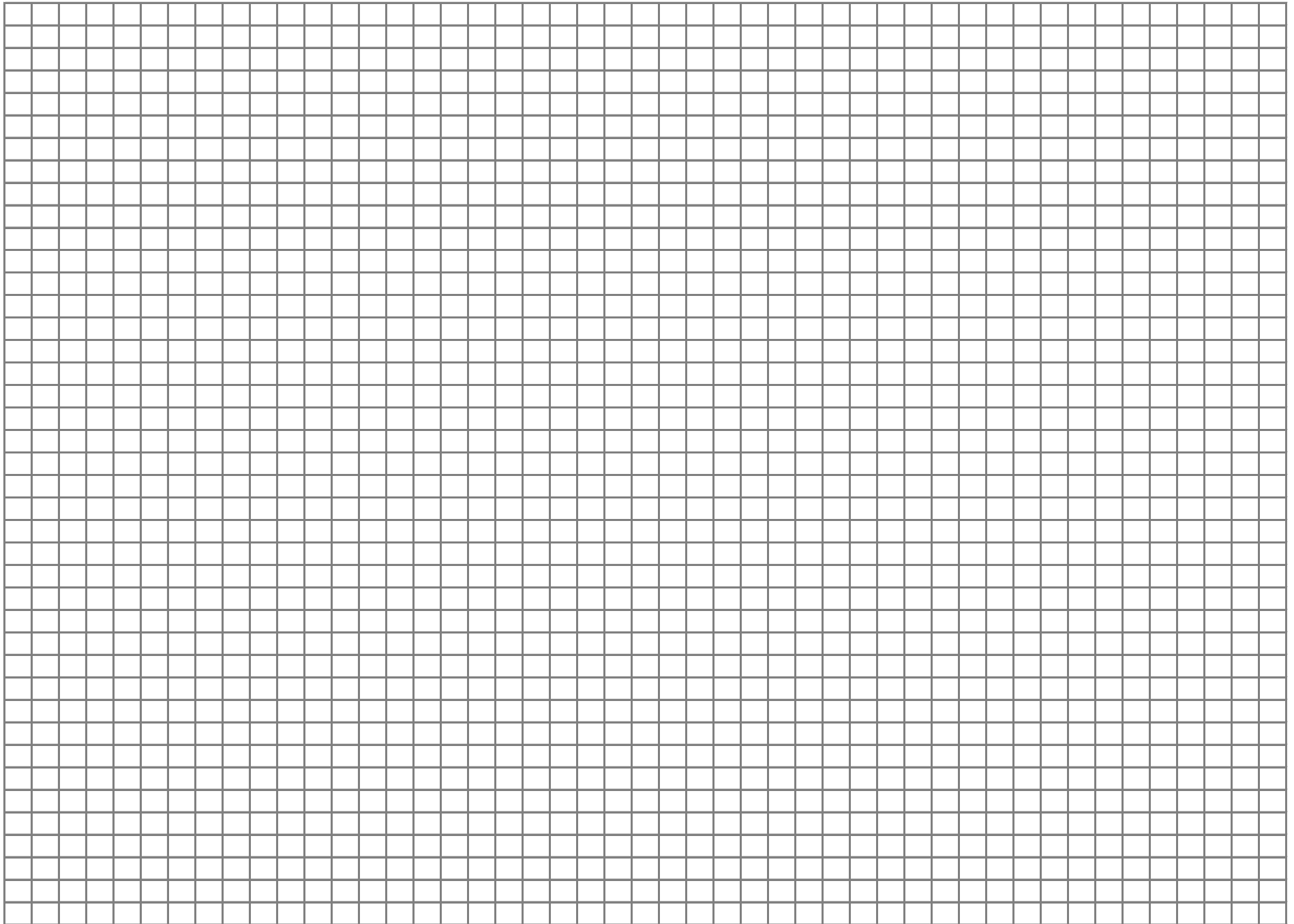
Roof Area #1	
Roof Area	_____ Square Feet
Total Ventilation Required	_____ Square Feet
Ratio of Roof Ventilation To Be Used	1 to 150: _____ 1 to 300: _____
If 1 to 300 ratio is used, provide the following information:	
Percentage of roof ventilation in ridge vent	_____ %
Percentage of roof ventilation in soffit vent	_____ %

Roof Area #3	
Roof Area	_____ Square Feet
Total Ventilation Required	_____ Square Feet
Ratio of Roof Ventilation To Be Used	1 to 150: _____ 1 to 300: _____
If 1 to 300 ratio is used, provide the following information:	
Percentage of roof ventilation in ridge vent	_____ %
Percentage of roof ventilation in soffit vent	_____ %

Roof Area #2	
Roof Area	_____ Square Feet
Total Ventilation Required	_____ Square Feet
Ratio of Roof Ventilation To Be Used	1 to 150: _____ 1 to 300: _____
If 1 to 300 ratio is used, provide the following information:	
Percentage of roof ventilation in ridge vent	_____ %
Percentage of roof ventilation in soffit vent	_____ %

Required at time of Application:
Types of vents & manufacturer's installation instructions
Construction Plans must indicate location and type of venting
_____ Completed by (please print)
_____ Date
Signature: _____

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REQUIRED PLOT PLAN - SHOW ALL DIMENSIONS AND DISTANCES INCLUDING ANY RIGHT OF WAYS
LOCATE ALL OVERHEAD POWER LINES WITHIN 36 FEET OF PROPOSED CONSTRUCTION



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

X _____ DATE: _____

VI. LOCAL 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 Other	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 _____	