

**BUILDING PERMIT APPLICATION FOR CONSTRUCTION OF --- RESIDENTIAL REMODEL****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) 424-2782 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 PROPOSED FLOOR PLAN INCLUDING ROOM NAMES / USE. SEPARATE APPLICATION / PERMIT REQUIRED FOR ELECTRICAL, MECHANICAL AND/OR PLUMBING WORK TO BE COMPLETED.

**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

**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	

**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.**

## BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP

### 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.

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- 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.

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- 3 THE HOMEOWNER IS RESPONSIBLE FOR WORKER'S COMPENSATION, ALL WITHHOLDING TAXES, BOTH FEDERAL AND STATE, AND FICA TAXES FOR ALL PERSONS ON THE JOB.

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- 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.

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I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





**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
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CITY, STATE, ZIP CODE AND TELEPHONE NUMBER

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 AND PLOT PLAN, UNLESS OTHERWISE NOTIFIED.

**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	Flood Zone	Yes _____ No _____				
G	Health & 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 _____	<b>Permit Fee</b>	\$
			<b>Insulation Fee</b>	\$
			<b>Plan Review Fee</b>	\$
			<b>TOTAL FEES DUE</b>	\$

APPROVAL SIGNATURE/TITLE

DATE

TOTAL FEES DUE

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