

## **ITEMS NEEDED FOR PERMIT:**

- Zoning Fee of \$45.00
- Copy of Deed
- Address from Saginaw County Road Commission
- Driveway permit from Saginaw County Road Commission
- Septic/Well Permit from Saginaw County Health Department
- Copy of construction drawings-including floor plans and dimensions
- Address at site for inspectors
- Estimated project cost
- All Modular Homes must include approval reports from the State of Michigan for building, plumbing, mechanical and electrical.
- A site plan with plot dimensions where the house sets on the lot.



**TOWNSHIP OF BIRCH RUN**

**8425 Main St. P.O. Box 152**

**Birch Run, MI 48415**

Phone (989)-624-9773 Fax (989)-624-1177

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

AUTHORITY: P.A. 230 of 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POKTICAL BELIEFS.
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**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**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE		TELEPHONE NUMBER
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STAE	ZIP CODE		TELEPHONE NUMBER
LICENSE NUMBER		EXPIRATION DATE		
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STAE	ZIP CODE		TELEPHONE NUMBER
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. ___ New Building	3. ___ Alterations	5. ___ Demolition	7. ___ Foundation Only	9. ___ Relocation
2. ___ Addition	4. ___ Repair	6. ___ Mobile Home Set Up	8. ___ Premanufacture	10. ___ Special Inspection
<b>B. REVIEW(S) TO BE PERFORMED</b>				
___ Buidling	___ Electrical	___ Mechanical	___ Plumbing	___ Foundation
<b>IV. PROPOSED USE OF BUILDING</b>				
<b>A. RESIDENTIAL</b>				
1. ___ One Family	3. ___ Hotel, Motel ___ No. of Units	5. ___ Detached Garage		
2. ___ Two or More Family ___ No. of Units	4. ___ Attached Garage	6. ___ Other _____		

**B. NON-RESIDENTIAL**

7. <input type="checkbox"/> Amusement	11. <input type="checkbox"/> Service Station	15. <input type="checkbox"/> School, Library, Educational
8. <input type="checkbox"/> Church, Religion	12. <input type="checkbox"/> Hospital, Institutional	16. <input type="checkbox"/> Store, Mercantile
9. <input type="checkbox"/> Industrial	13. <input type="checkbox"/> Office, Bank, Professional	17. <input type="checkbox"/> Tanks, Towers
10. <input type="checkbox"/> Parking Garage	14. <input type="checkbox"/> Public Utility	18. <input type="checkbox"/> Other _____

Nonresidential - 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. <input type="checkbox"/> Masonry, Wall Bearing	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structural Steel
4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/> Other _____	

**B. PRINCIPAL TYPE OF HEATING FUEL**

6. <input type="checkbox"/> Gas	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity
9. <input type="checkbox"/> Coal	10. <input type="checkbox"/> Other _____	

**C. TYPE OF SEWAGE DISPOSAL**

11. <input type="checkbox"/> Public or Private Company	12. <input type="checkbox"/> Septic System
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**D. TYPE OF WATER SUPPLY**

13. <input type="checkbox"/> Public or Private Company	14. <input type="checkbox"/> Private Well or Cistern
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**E. TYPE OF MECHANICAL**

15. Will There Be Air Conditioning? <input type="checkbox"/> yes <input type="checkbox"/> no	16. Will There Be Fire Supression <input type="checkbox"/> yes <input type="checkbox"/> no
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**F. DIMENSIONS/DATA**

17. Number of Stories _____	21. Floor Area	<u>Existing</u>	<u>Alterations</u>	<u>New</u>
18. Use Group _____	Basement	_____	_____	_____
19. Const 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 _____
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**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		TELEPHONE NUMBER		
ADDRESS	CITY	STATE		ZIP
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER				

I HEARBY 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 \_\_\_\_\_

PLAN REVIEW FEE ENCLOSED \$ \_\_\_\_\_

BUILDING PERMIT FEE ENCLOSED \$ \_\_\_\_\_

**V. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

Plans are enclosed with this application

- A. ZONING
- B. FIRE DISTRICT
- C. POLLUTION CONTROL
- D. NOISE CONTROL
- E. SOIL EROSION
- F. FLOOD ZONE
- G. WATER SUPPLY
- H. SEPTIC SYSTEM
- I. VARIANCE GRANTED
- J. OTHER

Required?	Approved	Date	Number	By
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_

BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_

NUMBER OF INSPECTIONS \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

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

# ONE STORY WALL SECTION

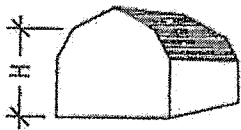
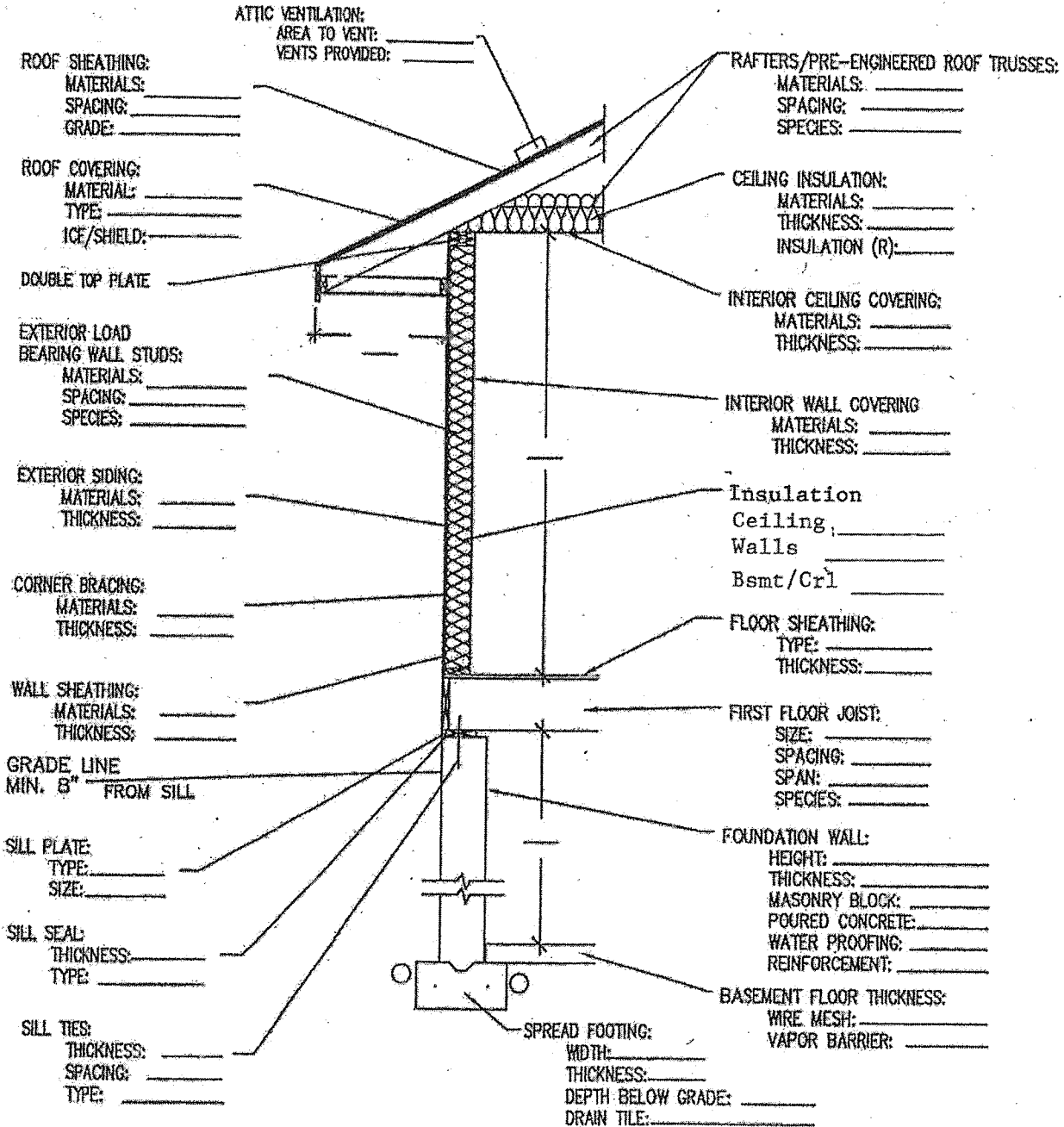
Job \_\_\_\_\_

DATE: \_\_\_\_\_

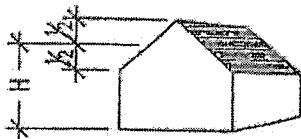
NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

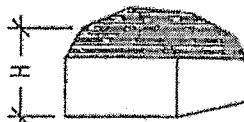
SIGNATURE: \_\_\_\_\_



GAMBREL ROOF



GABLE ROOF



MANSARD ROOF



HIP ROOF

You must provide BUILDING HEIGHT \_\_\_\_\_ (mean height see above)

