

**Application for Building and Plan Examination
CHARTER TOWNSHIP OF MILFORD
BUILDING DEPARTMENT
1100 Atlantic
Milford, MI 48381-2000
248-685-8731**

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: 1972 PA 230, as Amended
Completion: Manadorty to obtain permit
Penalty: Permit will not be Issued

DATE RECEIVED _____
BY: _____

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

I. PROJECT INFORMATION									
PROJECT NAME:					ADDRESS:				
CITY:		VILLAGE:		TOWNSHIP:		COUNTY:		ZIP CODE:	
BETWEEN					AND				
II. IDENTIFICATION									
A. OWNER OR LESSEE									
NAME:			ADDRESS:				CITY:		
STATE:	ZIP:	TEL. #:			FAX #:		E-MAIL:		
B. ARCHITECT OR ENGINEER									
NAME:			ADDRESS:				CITY:		
STATE:	ZIP:	TEL. #:			FAX #:		E-MAIL:		
LICENSE #:					EXPIRATION DATE:				
C. CONTRACTOR									
NAME:			ADDRESS:				CITY:		
STATE:	ZIP:	TEL. #:			FAX #:		E-MAIL:		
BUILDERS LICENSE #:					EXPIRATION DATE:				
FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION:									
WORKERS COMPENSATION INSURANCE CARRIER OR REASON FOR EXEMPTION:									
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:									
III. TYPE OF IMPROVEMENT AND PLAN REVIEW									
A. TYPE OF IMPROVEMENT									
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION		5. <input type="checkbox"/> DEMOLITION		7. <input type="checkbox"/> FOUNDATION ONLY		9. <input type="checkbox"/> RELOCATION		
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR		6. <input type="checkbox"/> MOBILE HOME SET-UP		8. <input type="checkbox"/> PRE-MANUFACTURE		10. <input type="checkbox"/> SPECIAL INSPECTION		
B. REVIEW(S) TO BE PERFORMED:									
<input type="checkbox"/> BUILDING		<input type="checkbox"/> ELECTRICAL		<input type="checkbox"/> MECHANICAL		<input type="checkbox"/> PLUMBING		<input type="checkbox"/> FOUNDATION	

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL:**

- | | | |
|--|--|-------------------------------------|
| 1. <input type="checkbox"/> ONE FAMILY | 4. <input type="checkbox"/> ATTACHED GARAGE | 7. <input type="checkbox"/> SIDING |
| 2. <input type="checkbox"/> TWO OF MORE FAMILY
NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE | 8. <input type="checkbox"/> WINDOWS |
| 3. <input type="checkbox"/> DECK | 6. <input type="checkbox"/> REROOF
NO. SQUARE _____ | 9. <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 12. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 13. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 14. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 15. <input type="checkbox"/> OTHER _____ |

NON RESIDENTIAL-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. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

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 SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

- | | | | | |
|-----------------------------|-----------------|----------|-------------|-------|
| 17. NUMBER OF STORIES _____ | 21. FLOOR AREA: | EXISTING | ALTERATIONS | NEW |
| 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 _____

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 NO.		
ADDRESS		CITY	STATE	ZIP CODE	
FEDERAL I.D. NUMBER/SOCIAL SECURITY 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 constructin 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 subject to civil fines.

SIGNATURE OF APPLICANT**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION****ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

VII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	
APPROVAL SIGNATURE _____	TITLE _____
DATE _____	

IX. SITE OR PLOT PLAN – FOR APPLICANT USE

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a site or plot plan.

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this agency.