

GAINES TOWNSHIP

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Complete Both Sides of Application — Application is incomplete without a valid signature

AUTHORITY: P.A. 230 of 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS. ELECTRICAL, MECHANICAL AND PLUMBING, MECHANICAL, PERMITTED SEPARATELY.
 Contact the Building Department for Gaines Township @ **989-271-6300, OR 810-635-3200**

LOCATION OF BUILDING					RI-0001-2010
STREET LOCATION _____			Zoning District _____		
CITY _____	STATE _____	ZIP _____	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public		
between _____		and _____			
SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____	PARCEL NO _____	

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> AMUSEMENT	<input type="checkbox"/> LIBRARY
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> TWO OR MORE FAMILY _____ NO OF UNITS	<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> STORE, MERCANTILE
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HOTEL, MOTEL _____ NO OF UNITS	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> TANKS, TOWERS
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> PARKING GARAGE	<input type="checkbox"/> PUBLIC UTILITY
<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> POOL	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> HOSPITAL/INSTITUTE
<input type="checkbox"/> PRE-MANUFACTURE	<input type="checkbox"/> ATTACHED/DETACHED GARAGE	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> DECK	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STORAGE SHED		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> POLE BARN		
<input type="checkbox"/> REPAIR			

NONRESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAMING <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic) TYPE OF WATER SUPPLY <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic)	DIMENSIONS No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	TYPE OF MECHANICAL Will there be central air? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF OFF-STREET PARKING SPACES Enclosed _____ Outdoors _____ RESIDENTIAL BUILDINGS ONLY Number of bedrooms _____ Number of full bathrooms _____ Number of partial bathrooms _____

VALUATION AND PERMIT FEE

Type of Construction _____	Fee Basis _____	
Use Group _____	Construction Cost _____	
Square Feet _____	Construction Value _____	Permit Fee _____

Complete Both Sides of Application

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IDENTIFICATION - CHECK ONE OF THE FOLLOWING:
APPLICANT IS: **OWNER OR LESSEE** **ARCHITECT OR ENGINEER** **CONTRACTOR**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

OWNER OR LESSEE

Name		Address	
City	State	Zip Code	Telephone Number
Drivers License No. and Issuing State			Email Address

ARCHITECT OR ENGINEER - The Architect listed is the registered design professional in responsible charge as required by 106.3.4

Name		Phone	Fax
Address			Cell
City	State	Zip Code	E-mail
License No. and Expiration Date			

CONTRACTOR - Licensee Registration: Include copies of both individual and company builders license and copy of State approved ID such as drivers license

Company		Company Owner's Name		
Complete Mailing Address	City	State	Zip Code	Telephone Number
Licensee Name		Builder's License Number	Expiration Date	
Federal Employer ID Number OR Reason for Exemption and Social Security Number				
Workers Comp Insurance Carrier and Number or Reason for Exemption				Expiration
MESC Employer Number or Reason for Exemption			Email Address	
Drivers License No. and Issuing State				

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, GENESEE COUNTY AND GAINES TOWNSHIP. 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.

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 ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

SIGNATURE OF THE APPLICANT _____ DATE _____

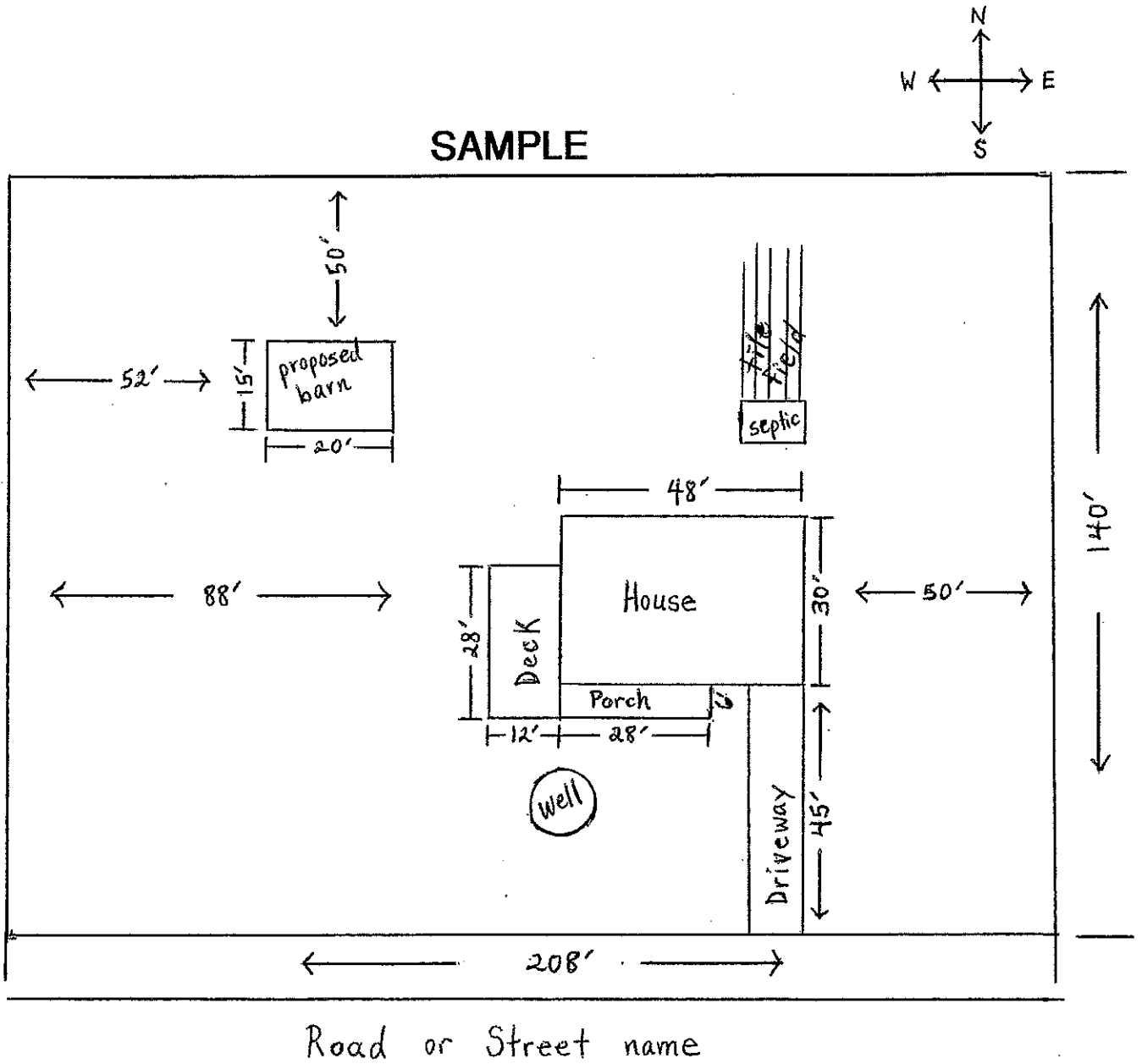
STIPULATIONS/OTHER REQUISITES _____

APPROVAL _____ DATE _____

<p>PERMIT FEES: Make checks payable to GAINES TOWNSHIP SUBMIT TO: Submit application, supporting documents and fees to 9255 Grand Blanc Road, Gaines, MI 48436</p>	<p>Contact the Gaines Township Building Department with questions or to schedule an appointment 989-271-6300 OR 810-635-3200</p>
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Gaines Township Site Plan Requirements

- 1) Draw out property/site, showing width and depth/length of all property lines.
- 2) Show location and size of all existing buildings and their distance from the property lines.
- 3) Show location of well, septic and drain field.
- 4) Show location of driveway and its distance from the closest property line.
- 5) Show any unique property features such as: ponds, streams, drains, ditches, etc.
- 6) Show location of all utility lines and distance from proposed building site.
- 7) Lastly, show location and size of new building being proposed (home, barn, deck, garage, pool, addition, etc.).



Your Site Plan here

Name: _____

Address: _____

(See reverse side for instructions)

