APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

RAY TOWNSHIP
64255 WOLCOTT
RAY TWP., MI 48096-2442
OFFICE HOURS: MONDAY THRU FRIDAY 9:00 AM – 4:00 PM
586-749-5171 – FAX 586-749-6190

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

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND IX
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. LOCATION OF BUILDING.

ADDRESS: _____

BETWEEN _____ AND _____
            (CROSS STREET)   (CROSS STREET)

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1. ☐ NEW BUILDING   2. ☐ ADDITION   4. ☐ REPAIR   6. ☐ MOVING, RELOCATION
    ☐ PREMANUFACTURE
    ☐ MOBILE HOME SET-UP   3. ☐ ALTERATION   5. ☐ DEMOLITION   7. ☐ FOUNDATION ONLY

B. OWNERSHIP

8. ☐ PRIVATE: (individual, corporation, non profit institution, etc.)
9. ☐ PUBLIC: (Federal, State, or local government)

C. ESTIMATED COST

10. COST OF IMPROVEMENT: _____

11. TOTAL COST OF IMPROVEMENT (To be installed but not included in the above cost) Electrical, Plumbing, Heating & Air): _____

D. PROPOSED USE OF BUILDING

RESIDENTIAL:

12. ☐ One Family   14. ☐ Hotel, Motel   16. ☐ Carport
                            Enter # of units: _____

13. ☐ Two or More Family   15. ☐ Garage   17. ☐ OTHER – Specify_____
      Enter # of units: _____   Attached ☐ Detached ☐

NONRESIDENTIAL:

18. ☐ Amusement, recreational   22. ☐ Service station, repair garage   26. ☐ School, library, other educational
19. ☐ Church, other religious   23. ☐ Hospital, institutional   27. ☐ Stores, mercantile
20. ☐ Industrial   24. ☐ Office, bank, professional   28. ☐ Tanks, towers
21. ☐ Parking garage   25. ☐ Public Utility   29. ☐ OTHER – Specify_____

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.

_____

_____

_____

E. REVIEW(S) TO BE PERFORMED

☐ BUILDING	☐ ELECTRICAL	☐ MECHANICAL	☐ PLUMBING	☐ FOUNDATION

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

30. ☐ MASONRY   31. ☐ WOOD FRAME   32. ☐ STRUCTURAL STEEL   33. ☐ REINFORCED CONCRETE   34. ☐ OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

35. ☐ GAS   36. ☐ OIL   37. ☐ ELECTRICITY   38. ☐ COAL   39. ☐ OTHER: _____

C. TYPE OF SEWAGE DISPOSAL

40. ☐ PUBLIC OR PRIVATE COMPANY   41. ☐ SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

42. ☐ PUBLIC OR PRIVATE COMPANY   43. ☐ PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

WILL THERE BE:
CENTRAL AIR CONDITIONING: 44. ☐ YES 45. ☐ NO   ELEVATOR   46. ☐ YES 47. ☐ NO   FIRE SUPPRESSION   ☐ YES   ☐ NO

F. DIMENSIONS

48. NUMBER OF STORIES: _____   49. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS: _____

G. NUMBER OF OFF-STREET PARKING SPACES

50. ENCLOSED _____   51. OUTDOORS _____

H. RESIDENTIAL BUILDINGS ONLY

52. NUMBER OF BEDROOMS: _____   53. NUMBER OF BATHROOMS: FULL _____ PARTIAL _____

IV. IDENTIFICATION

A. OWNER OR LESSEE

NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS 1.	2.

B. ARCHITECT OR ENGINEER

NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS 1.	2.
LICENSE NUMBER				EXPIRATION DATE

C. CONTRACTOR

NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS 1.	2.
BUILDERS LICENSE NUMBER (ENCLOSE COPY OF LICENSE)				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	EXPIRATION 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 (PLEASE PRINT)		ADDRESS	

CITY	STATE	ZIP CODE	TELEPHONE NUMBERS
			1. _____ 2. _____

FEDERAL I.D. NUMBER / DRIVER'S LICENSE 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.

SIGNATURE OF APPLICANT: _____ DATE: _____

VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A. SOIL EROSION	☐ YES ☐ NO				
B. WATER SUPPLY	☐ YES ☐ NO				
C. SEPTIC SYSTEM	☐ YES ☐ NO				
D. VARIANCE GRANTED	☐ YES ☐ NO				
E. ZONING	☐ YES ☐ NO				
F. POLLUTION CONTROL	☐ YES ☐ NO				
G. FLOOD ZONE	☐ YES ☐ NO				
H. OTHER	☐ YES ☐ NO				

VII. PLAN REVIEW RECORD – FOR DEPARTMENT USE ONLY

Plan Reviews Required	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING						
PLUMBING						
MECHANICAL						
ELECTRICAL						
OTHER						

VIII. VALIDATION – FOR DEPARTMENT USE ONLY

Building Permit number: _____   Use Group: _____

Building Permit issued: _____   Construction Type: _____

Building Permit Fee: $_____   Fire Grading: _____

Plan Review Fee: $_____   Live Loading: _____

Zoning Permit Fee: $ _____

Approved by: _____
    Title: Ray Township Building Inspector

IX. SITE OR PLOT PLAN - FOR APPLICANT USE