

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**RAY TOWNSHIP
64255 WOLCOTT**

RAY TWP., MI 48096-2442

OFFICE HOURS: MONDAY THRU THURSDAY 9:00 AM - 4:00 PM

586-749-5171 - FAX 586-749-6190

AUTHORITY: P.A. 230 OF 1972, AS AMENDED	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 BELIBFS.
COMPLETION: MANDATORY TO OBTAIN PERMIT	
PENALTY: PERMIT WILL NOT BE ISSUED	

**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 _____ <small>(CROSS STREET) (CROSS STREET)</small>

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D
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A. TYPE OF IMPROVEMENT												
<table> <tr> <td>1. <input type="checkbox"/> NEW BUILDING</td> <td>2. <input type="checkbox"/> ADDITION</td> <td>4. <input type="checkbox"/> REPAIR</td> <td>6. <input type="checkbox"/> MOVING, RELOCATION</td> </tr> <tr> <td><input type="checkbox"/> PREMANUFACTURE</td> <td>3. <input type="checkbox"/> ALTERATION</td> <td>5. <input type="checkbox"/> DEMOLITION</td> <td>7. <input type="checkbox"/> FOUNDATION ONLY</td> </tr> <tr> <td><input type="checkbox"/> MOBILE HOME SET-UP</td> <td></td> <td></td> <td></td> </tr> </table>	1. <input type="checkbox"/> NEW BUILDING	2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOVING, RELOCATION	<input type="checkbox"/> PREMANUFACTURE	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> MOBILE HOME SET-UP			
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B. OWNERSHIP
8. <input type="checkbox"/> PRIVATE: (Individual, corporation, non profit institution, etc.)
9. <input type="checkbox"/> 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. <input type="checkbox"/> One Family	14. <input type="checkbox"/> Hotel, Motel Enter # of units: _____	16. <input type="checkbox"/> Carport
13. <input type="checkbox"/> Two or More Family Enter # of units: _____	15. <input type="checkbox"/> Garage Attached <input type="checkbox"/> Detached <input type="checkbox"/>	17. <input type="checkbox"/> OTHER -- Specify _____

NONRESIDENTIAL:		
18. <input type="checkbox"/> Amusement, recreational	22. <input type="checkbox"/> Service station, repair garage	26. <input type="checkbox"/> School, library, other educational
19. <input type="checkbox"/> Church, other religious	23. <input type="checkbox"/> Hospital, institutional	27. <input type="checkbox"/> Stores, mercantile
20. <input type="checkbox"/> Industrial	24. <input type="checkbox"/> Office, bank, professional	28. <input type="checkbox"/> Tanks, towers
21. <input type="checkbox"/> Parking garage	25. <input type="checkbox"/> Public Utility	29. <input type="checkbox"/> 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.

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 & E-MAIL

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS

1.

2.

B. ARCHITECT OR ENGINEER

NAME (PLEASE PRINT)

ADDRESS & E-MAIL

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS

1.

2.

LICENSE NUMBER

EXPIRATION DATE

C. CONTRACTOR

NAME (PLEASE PRINT)

ADDRESS & E-MAIL

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 & E-MAIL
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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	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B. WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C. SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F. POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G. FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H. OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

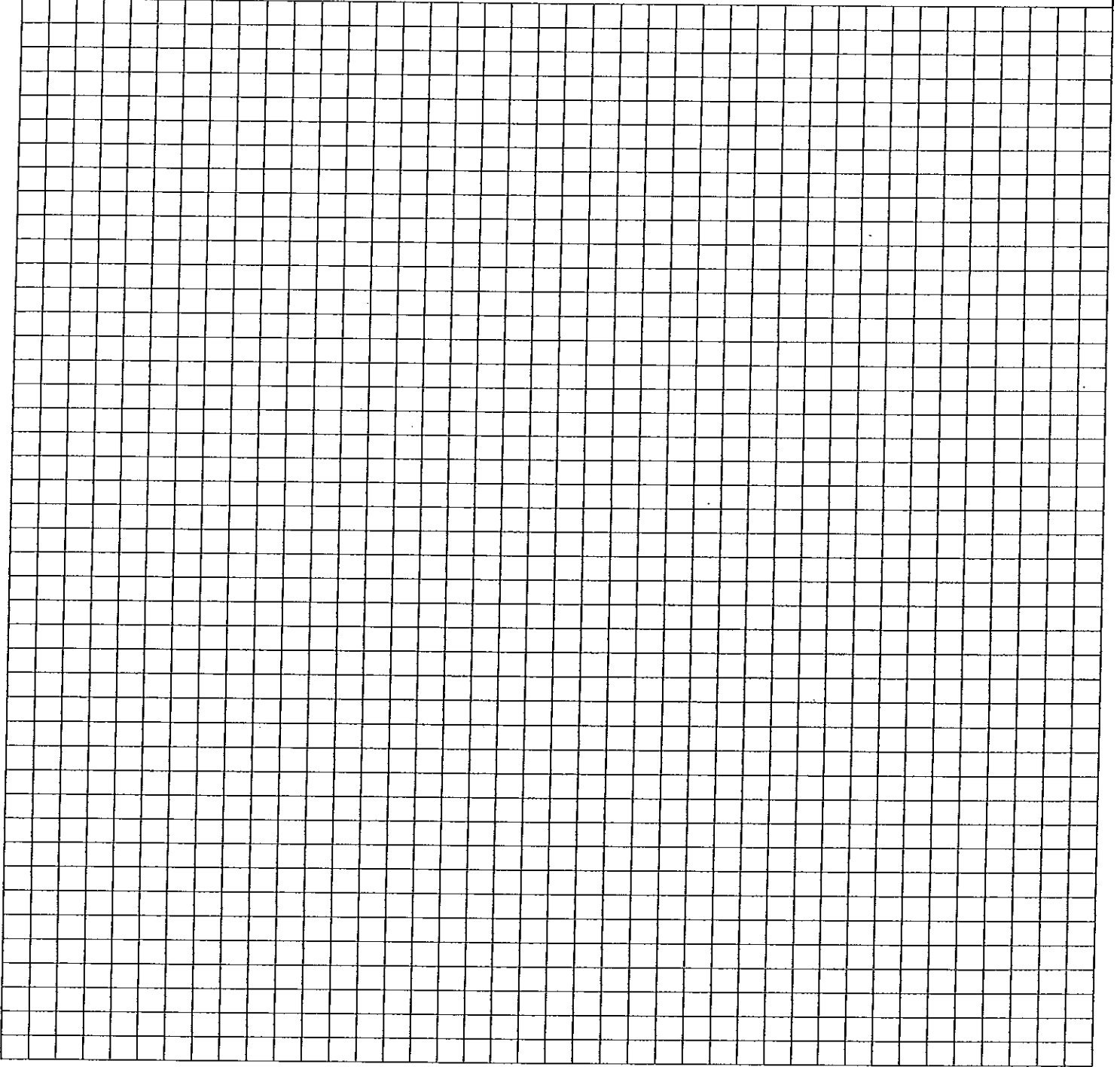
VII. PLAN REVIEW RECORD - FOR DEPARTMENT USE ONLY

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



ADDRESS: _____

