

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

## CHARTER TOWNSHIP OF FLINT

G-1490 S. Dye Rd. Flint, MI 48532  
Ph: (810) 732-1350 Fx: (810) 733-6919

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

AUTHORITY: ACT 230, PA 1972, as Amended  
COMPLETION: Installation shall Not be Started Until Application is Filed.  
PENALTY: Written Order to Stop Construction AND/OR Admin. Fee

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.

**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
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER	
<b>B. ARCHITECH OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE		
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER	
BUILDER'S 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>				
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. MOBILE HOME SET-UP		
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. DEMOLITION	<input type="checkbox"/> 6 FOUNDATION ONLY		
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<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**

<input type="checkbox"/> 1. ONE FAMILY	<input type="checkbox"/> 3. HOTEL, MOTEL NO. OF UNITS _____	<input type="checkbox"/> 5. DETACHED GARAGE
<input type="checkbox"/> 2. TWO OR MORE FAMILY NO. OF UNITS: _____	<input type="checkbox"/> 4. ATTACHED GARAGE	<input type="checkbox"/> 6. OTHER

**B. NON-RESIDENTIAL**

<input type="checkbox"/> 7. AMUSEMENT	<input type="checkbox"/> 11. SERVICE STATION	<input type="checkbox"/> 15. SCHOOL, LIBRARY, EDUCATIONAL
<input type="checkbox"/> 8. CHURCH, RELIGION	<input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> 16. STORE, MERCANTILE
<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> 17. TANKS, TOWERS
<input type="checkbox"/> 10. PARKING GARAGE	<input type="checkbox"/> 14. PUBLIC UTILITY	<input type="checkbox"/> 18. 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.

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**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

<input type="checkbox"/> 1. MASONRY, WALL BEARING	<input type="checkbox"/> 2. WOOD FRAME	<input type="checkbox"/> 3. STRUCTURAL STEEL	<input type="checkbox"/> 4. REINFORCED CONCRETE	<input type="checkbox"/> 5. OTHER
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**B. PRINCIPAL TYPE OF HEATING FUEL**

<input type="checkbox"/> 6. GAS	<input type="checkbox"/> 7. OIL	<input type="checkbox"/> 8. ELECTRICITY	<input type="checkbox"/> 9. COAL	<input type="checkbox"/> 10. OTHER
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**C. TYPE OF SEWAGE DISPOSAL**

<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 12. SEPTIC SYSTEM
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**D. TYPE OF WATER SUPPLY**

<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN
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**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. WILL THERE BE FIRE SUPPRESSION <input type="checkbox"/> YES <input type="checkbox"/> NO
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**F. DIMENSIONS/DATA**

17. NUMBER OF STORIES	_____	12. FLOOR AREA	EXISTING	ALTERATIONS	NEW
18. USE GROUP	_____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
20. NUMBER 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**

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP

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 APPLICATE 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** \_\_\_\_\_  
**\* Note: Special Airport Zoning Height restrictions may apply in your particular area. Please be advised if you are planning on using tall cranes, etc., as part of your project. You may need approval of the Federal Aviation Administration.**

PLAN REVIEW FEE ENCLOSED \$ \_\_\_\_\_ BUILDING PERMIT FEE ENCLOSED \$ \_\_\_\_\_

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

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

USE GROUP _____	ESTIMATED COST OF CONSTRUCTION _____
TYPE OF CONSTRUCTION _____	
SQUARE FEET _____	
APPROVAL SIGNATURE _____	PERMIT FEE _____ PLAN REVIEW FEE _____ TRADE REVIEW FEE _____ TOTAL _____  _____ _____

**IX. SITE PLAN OR PLOT PLAN - FOR APPLICANT USE - INDICATE DIRECTION OF NORTH**

**MAKE A DETAILED SKETCH OF YOUR PROJECT. INCLUDE LOT LINES, LOCATION, SIZE AND PLACEMENT OF ALL EXISTING AND PROPOSED STRUCTURES. INCLUDE A DETAILED DESCRIPTION OF BUILDING MATERIALS TO BE USED AND MANNER OF CONSTRUCTION**