



10001 SILVER LAKE ROAD • BRIGHTON, MICHIGAN 48116
810-231-1333 • FAX 810-231-5090

www.greenoaktwp.com

Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit will not be issued

Application for Building Permit

Applicant to complete all items in Sections 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		
TOWNSHIP Green Oak Charter Township	PARCEL ID # 4716-	LOT # / SUBDIVISION	COUNTY Livingston	ZIP CODE	
BETWEEN		AND	ZONING		
II. IDENTIFICATION					
A. OWNER OR LESSEE					
NAME			ADDRESS		
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER					
NAME			ADDRESS		
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE	EMAIL ADDRESS		
C. CONTRACTOR					
NAME			ADDRESS		
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDER'S LICENSE NUMBER		EXPIRATION DATE	EMAIL ADDRESS		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			WORKER'S COMP 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 BUILDINGS	3. <input type="checkbox"/> ALTERATIONS	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"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTIONS	
B. PLAN REVIEW REQUIRED					
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.					
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.					
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.					
Plan Review Submission No. _____					
*** Incomplete applications will not be processed ***					

IV. PROPOSED USE OF BUILDING		
A. RESIDENTIAL		
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL: # OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE
2. <input type="checkbox"/> TWO or MORE FAMILY, # UNITS: _____	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER _____
B. NON-RESIDENTIAL		
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> OTHER _____
<p><i>COMPLETE DESCRIPTION OF PROJECT: RESIDENTIAL AND NONRESIDENTIAL – DESCRIBE IN DETAIL PROPOSED BUILDING IF RESIDENTIAL OR FOR NON-RESIDENTIAL 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.</i></p> 		
V. SELECTED CHARACTERISTICS OF BUILDING		
A. PRINCIPAL TYPE OF FRAME		
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL
4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER	
B. PRINCIPAL TYPE OF HEATING FUEL		
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY
9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER	
C. TYPE OF SEWAGE DISPOSAL		
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	12. <input type="checkbox"/> SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY		
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	14. <input type="checkbox"/> PRIVATE WELL OR CISTERN	
E. TYPE OF MECHANICAL		
15. WILL THERE BE AIR CONDITIONING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	16. WILL THERE BE FIRE SUPPRESSION?
15a. WILL THERE BE A FIREPLACE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. DIMENSIONS / DATA		
21. DIMENSIONS: WIDTH _____ LENGTH _____ HEIGHT _____		
		EXISTING ALTERATIONS NEW
17. NUMBER OF STORIES	a. BASEMENT	SF SF SF
18. USE GROUP	b. 1 ST FLOOR	SF SF SF
19. CONSTRUCTION TYPE	c. 2 ND FLOOR	SF SF SF
20. NUMBER OF OCCUPANTS	d. 3 RD FLOOR	SF SF SF
	e. GARAGE	SF SF SF
	TOTAL AREA:	SF SF SF
NUMBER OF FIREPLACES	<input style="width:50px; height:15px;" type="text"/>	
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	EMAIL ADDRESS	TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

FEDERAL ID 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: _____

ESTIMATED CONSTRUCTION VALUE: \$ _____

VII. LOCAL GOVERNMENT 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/SEWER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - ROAD COMMISSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - ENERGY CALCS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
K - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	CODE VERSION _____

APPROVAL SIGNATURE: _____

TITLE _____	DATE _____
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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.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIOS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THERE WILL BE A CHARGE TO RE-OPEN A CLOSED PERMIT.**