

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

NAPOLEON TOWNSHIP
 6755 Brooklyn Rd
 P.O. Box 385
 Napoleon, MI 49261
 PH: 517-536-8694
 Fax: 517-536-0112

Check for any deed restrictions applicable to this property and/or this construction

Authority: P.A. 230 of 1972, as amended

Completion: Mandatory to Obtain Permit

Penalty: Application must be completed, signed and proper fee enclosed

THE TOWNSHIP OF NAPOLEON 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 SECTIONS I, II, III, IV, V and VI

Please Note: Separate applications must be made to the appropriate division for Plumbing, Mechanical and Electrical work

PROJECT INFORMATION

Project Owner's Name _____

Project Address _____

City _____

Zip _____

Lot # _____

County of _____

State _____

Between _____

And _____

II. IDENTIFICATION OR LESSEE

Owner or Lessee _____

Address _____

Contact Number _____

City / State / Zip _____

Fax Number _____

Email Address _____

ARCHITECT OR ENGINEER

Name _____

Address _____

City _____

State _____

Zip _____

Contact Number _____

Fax _____

Email Address _____

License Number _____

Date Expires _____

CONTRACTOR

Company Name _____

Applicant Name _____

Address / City / State / Zip _____

Phone _____

Fax _____

Builders License No. + exp date _____

Fed Employer ID _____

Workers Comp Ins _____

MESC Employer # _____

If changes are made to the existing grades of the property pertaining to this building permit that effect the flow or natural/historic drainage from an upper to lower property, any cost associated with the restoring of the natural/historic drainage will be the responsibility of the Permittee.

LEESEE MUST HAVE THE WRITTEN PERMISSION BY THE OWNER TO PULL PERMITS

III. Type of Improvement and Plan Review

Type of Improvement >> Residential Non-Residential

Mark X where applies

New Building Addition Change in use or occupancy Alteration
 Relocation Repair Mobile Home Set up Foundation Only
 Demolition Premanufactured Dimensions needed for project _____ X _____

Review(s) to be Performed (X) Building Mechanical Foundation Electrical Plumbing

IV. Proposed Use of Building

Residential—For “Wrecking, show most recent use

Mark X where applies

Single Family Attached Garage _____ ft X _____ ft Pool
 Two or more Family Detached Garage _____ ft X _____ ft Deck
 # Of Units Building/Accessories Height _____ Other
 Hotel, Motel # of Units Finished Basement

NON-Residential

Mark X where applies

Amusement Service Station School, Library, Educational Night Club
 Church, Religion Hospital Store, Mercantile Hazardous
 Industrial Tank, Towers Restaurant Chemicals
 Parking Garage Public Utility Other
 Office, Bank, Professional Building

Non-Residential 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 Dept. Store, Rental Office Building, Office Building at Industrial Plant, if use of existing building is being changed, enter proposed use.

V. Selected Characteristics of Building (Principal Type of Frame) Mark X where applies

Masonry, Wall Bearing Wood Frame Structural Steel Other Reinforced Concrete

Principal Type of Heating Fuel (X) >> Gas Oil Electricity Coal Other

Type of Sewage Disposal (X) >> Public or Private Company Septic System

Type Of Water Supply (X) >> Public or Private Company Private Well or Cistern

Type of Mechanical: Y/N Will there be Air Conditioning Fire Suppression An Elevator

Dimension/Data No. of Stories _____ Use Group _____ Const. Type _____ Occupant Load _____ Separated or mixed _____

	Existing	Alterations	New
Floor Area	_____	_____	_____
Basement	_____	_____	_____
1 st & 2 nd Floor	_____	_____	_____
3 rd Floor	_____	_____	_____
Total Area	_____	_____	_____

Description of Construction : _____

Cost of Construction

\$ _____

No. of Off Street Parking Spaces

_____ Enclosed _____ Outdoors

VI. Applicant Information

WARNING NOTICE

NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, AND/OR ELECTRICAL WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING AND DEPT. OF PUBLIC WORK APPROVAL.

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

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 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.

Sec 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125,1523a of the Michigan Compiled Laws, 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 subject to civil fines.

Signature of Applicant _____
Date

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONROL			APPROVALS		
DEPARTMENT	REQUIRED	APPROVED	DATE	NUMBER	BY
Zoning	/ () Yes () No	/	/	/	/
1.Site Plan	/ () Yes () No	/	/	/	/
2.Variance Granted ZBA	/ () Yes () No	/	/	/	/
Fire	/ () Yes () No	/	/	/	/
Pollution Control	/ () Yes () No	/	/	/	/
Flood Zone	/ () Yes () No	/	/	/	/
Soil Erosion/County Drain	/ () Yes () No	/	/	/	/
Twp. Water/Sewer	/ () Yes () No	/	/	/	/
Water/County Health Dept	/ () Yes () No	/	/	/	/
Septic/County Health Dept	/ () Yes () No	/	/	/	/
County Road Comm	/ () Yes () No	/	/	/	/
Assessing Dept	/ () Yes () No	/	/	/	/

Computer Property Tax # _____ ALL Taxes paid up to date ___yes ___no

VII. Validation

The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all aspects. The township further shall have the right to rely on the accuracy of the same in connection with the issuance and the conducting of required inspections.

Approved by _____
 Footing _____ Rough _____ Insulation _____ Radon/
 Final _____ Backfill _____

Site Plan for New Construction



ROAD NAME

List property measurements, roads and curb lines and draw all building (s), existing fences & heights, add and note location of new buildings, sheds, decks, etc. and setbacks.