

730 Manitou Rd, P.O. Box 296, Manitou Bch, MI 49253
Phone: (517) 547-7786 Fax: (517) 547-4788

www.twp.rollin.mi.us

## **Building Permit Application**

| banang i crime Application  |                                       |                                 |                        |                        |  |  |  |
|---|---------------------------------------|---------------------------------|------------------------|------------------------|--|--|--|
| Mon.: 8 am - 10 am Wed.: 8 am - 10 am Sat.: 8 am - 11 am By Appt. | irs:                                  |                                 | Permit F               | <del>-</del> ee:       |  |  |  |
| Make Checks Payable to:   | Rollin Township                       | Contact Inspector:              | Bruce Nickel           | (517) 467-7874         |  |  |  |
| Property ID Number: RL  |                                       | Was Prope                       | erty Variance I        | ssued:                 |  |  |  |
| Describe Proposed Construction                                    | & Use:                                |                                 |                        |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
| Location of Construction:   |                                       |                                 |                        |                        |  |  |  |
| Address:  |                                       | Subdivision:                    |                        | Lot #:                 |  |  |  |
| City / Village:   | Township:                             | County:                         |                        | Zip:                   |  |  |  |
|   | Rollin                                | L                               |                        |                        |  |  |  |
| If no address yet describe location: (i.e.                        | between what nearest streets)         |                                 |                        |                        |  |  |  |
| Owner Identification:   |                                       |                                 |                        |                        |  |  |  |
| Name: Last  | First                                 | M.I.                            | Phone:                 |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
| Spouse: Last  | First                                 | M.I.                            | Cell:                  |                        |  |  |  |
| Address:  |                                       |                                 | Fax:                   |                        |  |  |  |
| City:   | State:                                | Zip:                            | Email:                 |                        |  |  |  |
|   |                                       |                                 |                        |                        |  |  |  |
| <b>Building &amp; Lot area Informati</b>                          | on: The information in this area must | be filled out accurately and in | it's entirety for your | construction.          |  |  |  |
| Overall Building Width:   | Overall Building length:              |                                 | Finished Floor Area    | (Not including Bsmnt): |  |  |  |

| Building &              | k Lot area Info        | mation: The info         | ormation in this a | area <b>must</b> be filled out accurately a | nd in it's ei | ntirety for your construction. |
|-------------------------|------------------------|--------------------------|--------------------|---|---------------|--------------------------------|
| Overall Building Width: |                        | Overall Building length: |                    | Finished Floor Area (Not including Bsmnt):  |               |                                |
|                         |                        |                          |                    |   |               | Sq. Ft                         |
| Number of sto           | ories & feet in height | t from avg. grade:       |                    |   | Finis         | hed Basement Area:             |
| # of Stories            | s Hght.                | Ft.                      | ☐ Baseme           | nt 🗆 Crawl 🗆 Slab                           |               | Sq. Ft                         |
| Garage:                 |                        |                          | Garage dimen       | sions:                                      | Gara          | ge Area:                       |
| □ Attached              | d □ Un-attache         | ed □ None                |                    |   |               | Sq. Ft                         |
| Total Land A            | rea:                   | Total Land Area (        | Covered:           | Total Percent of Land coverage:             | Total         | Finished Floor Area:           |
|                         | Sq.Ft./Acres           | S                        | q.Ft./Acres        | %   |               | Sq. Ft                         |

| Type of Improvement:  |  | ement:    | Select the permit type and the code being used.                                    |            |   |   |                                       |  |
|---|--|-----------|--|------------|---|---|---------------------------------------|--|
| Permit Type:  |  | □ Ne      | $\square$ Building $\square$ Addition $\square$ Renovation $\square$ Damage Repair |            |   |   |                                       |  |
|   |  | □ De      | Demolition   Foundation Only   Other:  |            |   |   |                                       |  |
| Code:   | Code:    Michigan Residential Code 2015 (Site)   Michigan Residential Code 2015 (Modular)   Manufactured Home (HUD) (MH Park)   Manufactured Home (HUD-Non-MH Park)   Other: |           |  |            |   |   |                                       |  |
|   |  |           |  |            |   |   |                                       |  |
| Proposed U  |  | building  | g is being changed show the p  | roposed r  | For non-residential describe in detail the new use. | ne prop   | oosed use of the building – If use of |  |
| Check all it  | tems t   | that app  | oly to your construction   | 1:         |   |   |                                       |  |
| □ Single Family Dwelling       □ Modular Dwelling       □ Manufactured Dwelling       □ Remodeling         □ Two Family Dwelling       □ Multiple Family       □ Attached Garage       □ Detached Garage         □ Pole Building       □ Open Deck/Porch       □ Pool in-ground       □ Pool above-ground         □ Accessory Bldg. Portable       □ Dwelling Addition       □ Enclosed Porch/Sunroom       □ Non-Residential         □ Re-Roof       □ Re-Side       □ Replacement Windows |  |           |  |            |   | <ul><li>□ Detached Garage</li><li>□ Pool above-ground</li></ul> |                                       |  |
| Describe<br>Residential<br>Remodel W  |  | -         |  |            |   |   |                                       |  |
| Describe Non-Residential Use and Work:  |  |           |  |            |   |   |                                       |  |
| Building C  | harac  | teristics | x•   |            |   |   |                                       |  |
| Principle Frame   |  |           |  | aring      | ☐ Wood Frame ☐ Reinf                                | force   | d Concrete                            |  |
| <b>Principle Heating Fuel:</b> Gas  |  |           | □ Gas □ Oil  |            | Electricity   | Othe  | r:                                    |  |
| Sewage Disposal Type:   □ Public or Private S   |  |           | ☐ Public or Private S  | Sewers     | ☐ Septic system (                                   | priva   | ite) on same property                 |  |
| Water Supply Type: ☐ Public Water Syste   |  | em        | ☐ Well (private) on same property  |            |   |   |                                       |  |
| Mechanica   | al: Air Conditioning:  |           |  |            | □ No  |   |                                       |  |
| Federal Reporting Information:  |  |           |  |            |   |   |                                       |  |
| Ownership   |  |           |  | Corpo      | orate Ownership   Pub                               | lic O   | wnership                              |  |
| Number of   | Build  | lings:    |  | Num        | ber of Rooms or Units:                              |   |                                       |  |
| Construction Value:   |  |           | Construction Type:   | Use Group: |   |   |                                       |  |

| <b>Applicant Information:</b> The applicant is responsible for the payment of all fees and charges applicable to this application and must p following information.   |   |                               |             |              |                  | ust provide the |                 |       |  |
|---|---|-------------------------------|-------------|--------------|------------------|-----------------|-----------------|-------|--|
| Applicant:  | □ P1  | roperty Owner                 | Licensed    | l Contractor | : [              | ☐ Other:        |                 |       |  |
| Name: Last  |   | First                         |             |              | MI               | Telephone Nu    | mber            |       |  |
| Address:  |   |                               |             | City         |                  |                 | State           | Zip   |  |
|   |   |                               |             | Email:       |                  |                 | <b>,</b>        | 1     |  |
| Section 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 the state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to fines.  Once Approved, the Certificate of Occupancy or Completion will be issued to the property owner. |   |                               |             |              |                  |                 |                 |       |  |
| owner to make   | 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. |                               |             |              |                  |                 |                 |       |  |
| Applicant Signa   | ature:  |                               |             |              |                  | Date:           |                 |       |  |
|   |   |                               |             |              |                  |                 |                 |       |  |
| Contro et en Inf  | ·   | All information must be some  | anlated and | 0.000000000  |                  |                 |                 |       |  |
| Contractor Inf Registered Com   |   | All information must be cone: | npieted and | accurate.    | Email Ad         | dress:          |                 |       |  |
| Company Owner's Name:   |   |                               |             |              | Name on License: |                 |                 |       |  |
| Address:  |   |                               |             |              | Phone #:         |                 |                 |       |  |
| City:   |   |                               | State       | Ziţ          | )                | Cell #:         |                 |       |  |
|   |   |                               |             |              | Fax #:           |                 |                 |       |  |
| Contractor Lice  Residential 1  | • •   | ☐ Maintenance & Alt           | teration    | Lic          | cense Num        | ber:            | License Exp.    | Date: |  |
| Federal Employer ID Number or Reason for Exemption:   |   |                               |             |              |                  |                 |                 |       |  |
| Workers Comp. Insurance Carrier or Reason for Exemption:  |   |                               |             |              |                  |                 |                 |       |  |
| MESC Employer Number or Reason for Exemption:   |   |                               |             |              |                  |                 |                 |       |  |
| Liability Insura  | nce Carrier   | :                             |             |              |                  | Exp             | piration Date:  |       |  |
| Current copy of   | Active Lic  | eense to be submitted:        | ☐ Enclo     | osed         | ☐ Acti           | ve copy prev    | viously submitt | ted   |  |

| Site or Plot Plan: You may use this sheet, another, or a copy of a recent survey. You are responsible fo     | r  |
|--|----|
| the accuracy of your site/plot plan. Information must include property boundaries and dimensions and         |    |
| use of land adjacent to property boundaries. Show and label all streets, driveways, and easements.           |    |
| Include all proposed and existing buildings with their dimensions and closest distance to each other and     |    |
| property lines. Indicate location of septic field, well, power lines and poles, easements, flood plains, and |    |
| wetlands.  | .1 |
| wettands.  |    |
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| Indicate Direction of North within the Circle:   |    |
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