

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Village of Wolverine Lake
425 Glengary Road
Wolverine Lake, MI 48390
248-624-1710

Parcel ID _____

Permit # _____

The Village of Wolverine Lake 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

I. Project Information				
PROJECT DESCRIPTION			ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			COUNTY	ZIP CODE
City	Village	Township	OF:	
BETWEEN		AND		
II. Identification				
A. Owner Lessee				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. Architect or Engineer				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE	
LICENSE NUMBER			EXPIRATION DATE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Contractor				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (OR REASON FOR EXEMPTION)				
WORKERS COMP INSURANCE CARRIER (OR REASON FRO EXEMPTION)				
UIA NUMBER (OR REASON FOR EXEMPTION)				
III. Type of Improvement and Plan Review				
A. Type of Improvement				
1. NEW BUILDING	3. ALTERNATION	5. DEMOLITION	7. FOUNDATION ONLY	9. RELOCATION
2. ADDITION	4. REPAIR	6. MOBILE HOME SETUP	8. PRE-MANUFACTURE HOME	10. SPECIAL INSPECTION
B. Reviews to be Performed				
Building	ELECTRICAL	MECHANICAL	PLUMBING	FOUNDATION

I.V. 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 NUMBER 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 INSTITUTION	<input type="checkbox"/> 16. STORE, MERCANTILE	
<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 13. OFFICE BANK PROFESSIONAL	<input type="checkbox"/> 17. TANKS	
<input type="checkbox"/> 10. PARKING	<input type="checkbox"/> 14. PUBLIC UTILITY	<input type="checkbox"/> 18. OTHER _____	
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 department 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			
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 _____			
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 _____			
C. Type of Sewage Disposal			
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 12. SEPTIC SYSTEM		
D. Type of Water Supply			
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 14. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. Dimensions / Data			
17. NUMBER OF STORIES _____	21. FLOOR AREA BASEMENT		
18. USE GROUP _____	EXISTING _____	ALTERATIONS _____	NEW _____
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR _____	_____	_____
20. NO. OF OCCUPANTS _____	3RD – 10TH FLOOR _____	_____	_____
	TOTAL AREA _____	_____	_____
G. Number of Off Street Parking			
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		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)

FEDERAL EMPLOYER ID NUMBER (OR REASON FOR EXEMPTION)

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 FO 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

BUILDING PERMIT FEE ENCLOSED	OR STATE ACCOUNT NUMBER
\$ _____	_____

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	<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				

VII. Validation – for Department Use Only

USE GROUP _____	APPLICATION FEE (NON REFUNDABLE) _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE

TITLE	DATE
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