

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 | |
| II. Identification | | | | |
| A. Owner Lessee | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| EMAIL | | | FAX NUMBER | |
| B. Architect or Engineer | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE | |
| LICENSE NUMBER | | | EXPIRATION DATE | |
| C. Contractor | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| EMAIL | | | FAX 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 |
| Updated 06/27/2019 | | | | |

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 | EXISTING _____ | ALTERATIONS _____ | NEW _____ |
| 18. USE GROUP _____ | 1ST & 2ND FLOOR | _____ | _____ | _____ |
| 19. CONSTRUCTION TYPE _____ | 3RD – 10TH FLOOR | _____ | _____ | _____ |
| 20. NO. OF OCCUPANTS _____ | 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) |
| EMAIL | | | FAX NUMBER |
| 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

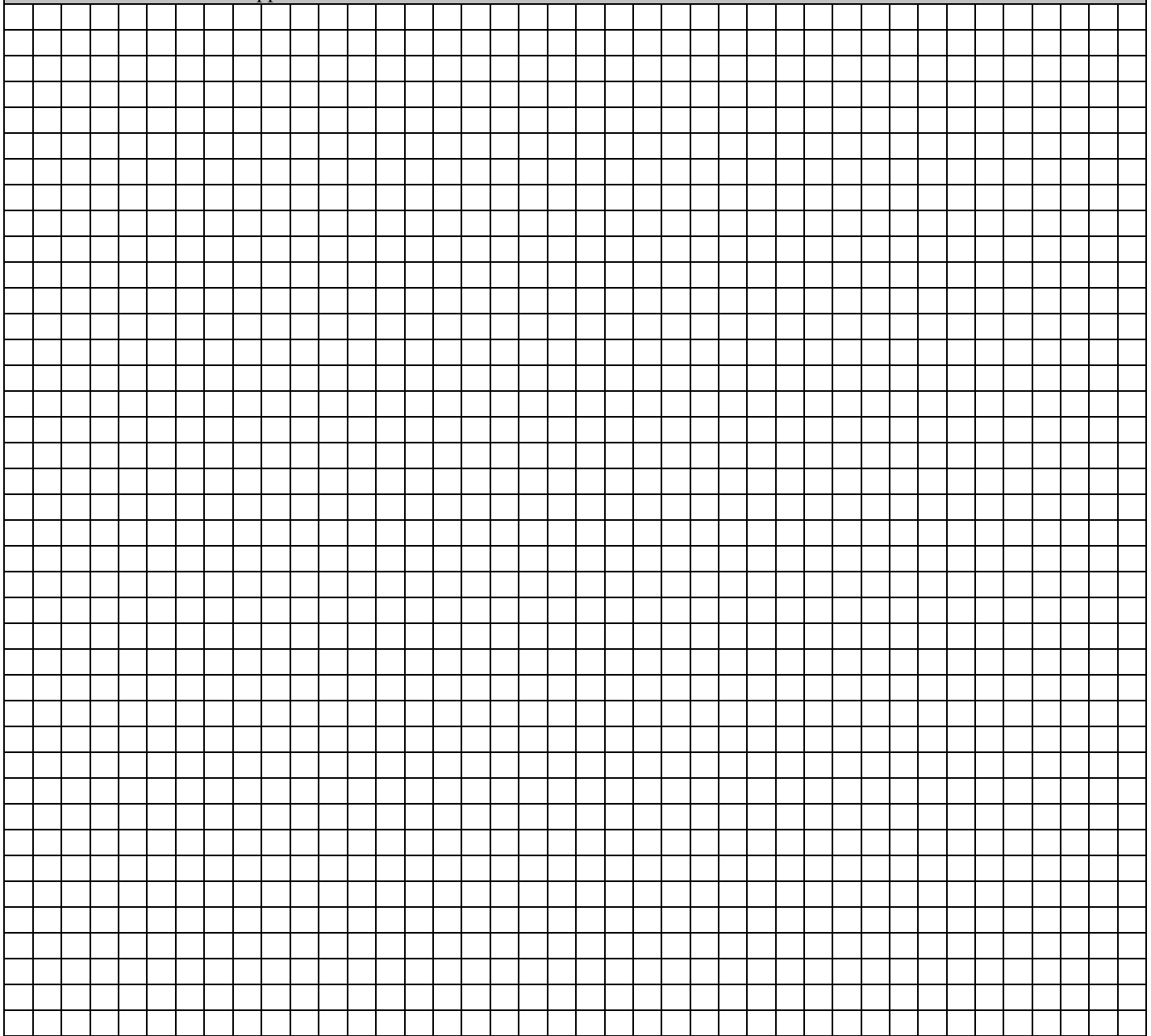
| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|----------------------|--|----------|------|--------|----|
| A. Zoning | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| B. Fire District | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| C. Pollution Control | <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 |

IX. Site or Plot Plan – for Applicant Use



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 inspections are requested and conducted within 180 days of the date of issuance or the date of a previous inspection. Closed permits cannot be refunded.**

The Village of Wolverine Lake will only **MAIL** a Roof, Siding, Window(s) and/or Door(s) Permit to the Applicant if a self-addressed **STAMPED** envelope is included with the application.

The Village of Wolverine Lake will **EMAIL** or **FAX** a Roof, Siding, Window(s) and/or Door(s) Permit if that information is provided on the application.