



# BUILDING PERMIT APPLICATION

Norvell Township

300 Mill Road

Brooklyn, MI 49230

Office (517) 536-4370 Fax (517) 536-0110

Building Inspector: Marty Taylor (517) 425-4886

**IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS**

AUTHORITY: P.A. 230 OF 1972, AS AMENDED  
 COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: Application must be completed, signed, and proper fee enclosed, or Permit will not be issued.

THE TOWNSHIP OF NORVELL WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

## ***I. LOCATION OF BUILDING:***

ADDRESS

CITY STATE ZIP CODE

BETWEEN STREETS AND

## ***II. A. OWNER OR LESSEE OF BUILDING:***

NAME PHONE NO.

ADDRESS  SAME AS LOCATION ADDRESS

CITY STATE ZIP CODE

## ***B. ARCHITECT OR ENGINEER***

BUSINESS NAME PHONE NO.

ARCHITECT NAME

ADDRESS

CITY STATE ZIP CODE

E-MAIL FAX NO.

LICENSE No. EXPIRATION DATE

***C. CONTRACTOR:*** WORK BEING DONE BY PROPERTY OWNER

BUSINESS NAME PHONE

CONTACT PERSON PHONE

ADDRESS

CITY STATE ZIP CODE

BUILDER LICENSE #. EXPIRATION DATE

INSURANCE CARRIER POLICY #

FED ID # MESC #

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW****A. TYPE OF IMPROVEMENT**
 RESIDENTIAL       NON-RESIDENTIAL

- |  |  |   |   |
|--|--|---|---|
| 1. <input type="checkbox"/> NEW BUILDING               | 4. <input type="checkbox"/> ALTERATION | 7. <input type="checkbox"/> REPAIR              | 10. <input type="checkbox"/> PREMANUFACTURE     |
| 2. <input type="checkbox"/> ADDITION                   | 5. <input type="checkbox"/> DEMOLITION | 8. <input type="checkbox"/> MOBILE HOME SET-UP* | 11. <input type="checkbox"/> SPECIAL INSPECTION |
| 3. <input type="checkbox"/> CHANGE IN USE OR OCCUPANCY | 6. <input type="checkbox"/> RELOCATION | 9. <input type="checkbox"/> FOUNDATION ONLY     |   |

Dimensions needed for the above project \_\_\_\_\_ ft x \_\_\_\_\_ ft

**B. PLAN REVIEW(S) TO BE PERFORMED**
 BUILDING       MECHANICAL       FOUNDATION       ELECTRICAL       PLUMBING
**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL - For "wrecking", show most recent use**

- |   |   |                                   |
|---|---|-----------------------------------|
| 1. <input type="checkbox"/> ONE FAMILY                      | 4. <input type="checkbox"/> ATTACHED GARAGE _____ ft x _____ ft | 7. <input type="checkbox"/> POOL  |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS | 5. <input type="checkbox"/> DETACHED GARAGE _____ ft x _____ ft | 8. <input type="checkbox"/> DECK  |
| 3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS       | 6. <input type="checkbox"/> FINISH BASEMENT                     | 9. <input type="checkbox"/> OTHER |

**B. NON-RESIDENTIAL**

- |   |   |   |  |
|---|---|---|--|
| 10. <input type="checkbox"/> AMUSEMENT        | 14. <input type="checkbox"/> SERVICE STATION            | 18. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL | 22. <input type="checkbox"/> NIGHT CLUB          |
| 11. <input type="checkbox"/> CHURCH, RELIGION | 15. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 19. <input type="checkbox"/> STORE, MERCANTILE            | 23. <input type="checkbox"/> HAZARDOUS CHEMICALS |
| 12. <input type="checkbox"/> INDUSTRIAL       | 16. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 20. <input type="checkbox"/> TANKS, T O W E R S           | 24. <input type="checkbox"/> OTHER               |
| 13. <input type="checkbox"/> PARKING GARAGE   | 17. <input type="checkbox"/> PUBLIC UTILITY             | 21. <input type="checkbox"/> RESTAURANT                   |  |

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING, HOSPITAL, 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**

- |   |  |  |   |                                   |
|---|--|--|---|-----------------------------------|
| 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 MECHANICAL**

11. WILL THERE BE AIR CONDITIONING? YES NO    12. WILL THERE BE FIRE SUPPRESSION? YES NO    13. WILL THERE BE AN ELEVATOR? YES NO

**IS EXCAVATION ON SITE LARGER THAN ONE ACRE AND WITHIN 500 FEET OF A LAKE, STREAM, OR COUNTY DRAIN?**

Yes       No

**D. DIMENSION/ DATA**

	EXISTING	ALTERATIONS	NEW
14. NUMBER OF STORIES _____			
15. USE GROUP _____			
16. CONST. TYPE _____			
17. OCCUPANT LOAD _____			
18. SEPARATED OR NON-SEPARATED MIXED USE _____			
19. FLOOR AREA _____			
	BASEMENT	_____	_____
	1ST & 2ND FLOOR	_____	_____
	3RD FLOOR & ABOVE	_____	_____
	TOTAL AREA	_____	_____

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

**E. NUMBER OF OFF-STREET PARKING SPACES**

20. ENCLOSED \_\_\_\_\_      21. OUTDOORS \_\_\_\_\_

**22. COST OF CONSTRUCTION:**

\$ \_\_\_\_\_

**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, APPROVAL FOR WELL AND SEPTIC SYSTEM MUST BE APPROVED BY THE JACKSON COUNTY HEALTH DEPARTMENT.**

**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.*

*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 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.*

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
<b>PRINT NAME</b>	

**HOMEOWNER'S AFFIDAVIT:**

*I hereby certify the construction on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by the Township, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.*

<b>SIGNATURE</b>	<b>DATE</b>
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**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 of permits and the conducting of required inspections.

Approved by

\_\_\_\_\_

Signature