

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**Thomas Township**  
 249 N. Miller Road  
 Saginaw, MI 48609  
 (989) 781-0150

Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued
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## Applicant to Complete All Items in Sections I, II, III, IV V and VI

**Note: Separate Applications Must be completed for Plumbing, Mechanical and Electrical Work Permits**

Project Information			
PROJECT		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<b>THOMAS TOWNSHIP</b>		<b>SAGINAW COUNTY</b>	
BETWEEN		AND	
II. Identification			
A. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
C. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UTA NUMBER (or reason for exemption)			
E-mail address:			
III. Type of Improvement and Plan Review			
A. Type of Improvement			
<input type="checkbox"/> 1. NEW BUILDING		<input type="checkbox"/> 3. ALTERATION	
<input type="checkbox"/> 2. ADDITION		<input type="checkbox"/> 4. REPAIR	
<input type="checkbox"/> 5. DEMOLITION		<input type="checkbox"/> 7. FOUNDATION ONLY	
<input type="checkbox"/> 6. MOBILE HOME SET-UP		<input type="checkbox"/> 8. PREMANUFACTURE	
<input type="checkbox"/> 9. RELOCATION		<input type="checkbox"/> 10. SPECIAL INSPECTION	
B. Plan Review Required			
<b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b>			
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.			
<b>BCC Plan Review Project No.</b>		<b>School Site Plan Review No.</b>	

<b>IIV. Proposed Use Of Building</b>			
<b>A. Residential</b>			
<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 NO. OF UNITS _____	<input type="checkbox"/> 4. ATTACHED GARAGE	<input type="checkbox"/> 6. OTHER _____	
<b>B. Non-Residential</b>			
<input type="checkbox"/> 7. AMUSEMENT	<input type="checkbox"/> 11. SERVICE STATION	<input type="checkbox"/> 15. SCHOOL, LIBRARY,	
<input type="checkbox"/> 8. CHURCH, RELIGION	<input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> 16. EDUCATIONAL	
<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> 17. STORE, MERCANTILE	
<input type="checkbox"/> 10. PARKING GARAGE	<input type="checkbox"/> 14. PUBLIC UTILITY	<input type="checkbox"/> 18. TANKS, TOWERS	
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, AND OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.			
<b>V. Selected Characteristics of Building</b>			
<b>A. Principal Type of Frame</b>			
<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>B. Principal Type of Heating Fuel</b>			
<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 _____
<b>C. Type of Sewage Disposal</b>			
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 12. SEPTIC SYSTEM		
<b>D. Type of Water Supply</b>			
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN		
<b>E. Type of Mechanical</b>			
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			
<b>F. Dimensions /Data</b>			
17. NUMBER OF STORIES _____	<input type="checkbox"/> 21. FLOOR AREA:	<b>EXISTING</b>	<b>ALTERATIONS</b> <b>NEW</b>
18. USE GROUP _____	BASEMENT		
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR		
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR		
	11TH -ABOVE		
	TOTAL AREA		
<b>G. Number of Off Street Parking Spaces</b>			
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 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, 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*

**VII. Local Governmental 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				

**VIII. Validation -For Department Use Only**

USE GROUP	BASE FEE
TYPE OF CONSTRUCTION	NUMBER OF INSPECTIONS
SQUARE FEET	
APPROVAL SIGNATURE	
TITLE	DATE

## REQUIRED BUILDING PERMIT INFORMATION

Please state what you are intending to build: \_\_\_\_\_

Parcel #: \_\_\_\_\_

### PROJECT COST

Total construction cost of this project: \$ \_\_\_\_\_

### SQUARE FEET ADDED OR REMODELED

Finished Sq. Ft.:	1 <sup>st</sup> Story:	2 <sup>nd</sup> Story:	3 <sup>rd</sup> Story:
Basement Sq. Ft.:	Finished:	Unfinished:	Garage Sq. Ft.:
Deck Sq. Ft.:	Porch Sq. Ft.:	Covered Patio Sq. Ft.:	Other Sq. Ft.:

### GENERAL INFORMATION

Owner:	Address:	Phone:
General Contractor:		City License #:
Electrical Contractor:		City License #:
Plumbing Contractor:		City License #:
Mechanical Contractor:		City License #:
Contact:		Phone #:
Party responsible for payment of construction, connection, and metering costs:		
Name:		Phone #:

I hereby acknowledge that I have read this application; filled out in full the information required and have completed an accurate plot plan. I state that all of the information required is correct. I agree to build this structure according to the Tomas Township Ordinance and the Michigan Building Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Homeowner, Qualified Individual)