

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	
Township of Thomas	Saginaw		
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)			
e-mail address:		UTA NUMBER (or reason for exemption)	

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"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY	<input type="checkbox"/> 9. RELOCATION
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE	<input type="checkbox"/> 10. SPECIAL INSPECTION

B. Plan Review Required

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

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.

BCC Plan Review Project No. _____ **School Site Plan Review No.** _____

IV. Proposed Use Of Building**A. Residential**

1. ONE FAMILY 3. HOTEL, MOTEL, NO. OF UNITS _____ 5. DETACHED GARAGE
 2. TWO OR MORE FAMILY NO. OF UNITS _____ 4. ATTACHED GARAGE 6. OTHER _____

B. Non-Residential

7. AMUSEMENT 11. SERVICE STATION 15. SCHOOL, LIBRARY,
 8. CHURCH, RELIGION 12. HOSPITAL, INSTITUTIONAL 16. EDUCATIONAL
 9. INDUSTRIAL 13. OFFICE, BANK, PROFESSIONAL 17. STORE, MERCANTILE
 10. PARKING GARAGE 14. PUBLIC UTILITY 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, 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. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER _____

B. Principal Type of Heating Fuel

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER _____

C. Type of Sewage Disposal

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. Type of Water Supply

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. Type of Mechanical

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. Dimensions /Data

- | | | | | |
|-----------------------------|--|-----------------|--------------------|------------|
| 17. NUMBER OF STORIES _____ | <input type="checkbox"/> 21. FLOOR AREA: | EXISTING | ALTERATIONS | NEW |
| 18. USE GROUP _____ | BASEMENT | | | |
| 19. CONSTRUCTION TYPE _____ | 1ST & 2ND FLOOR | | | |
| 20. NO. OF OCCUPANTS _____ | 3RD - 10TH FLOOR | | | |
| | 11TH - ABOVE | | | |
| | TOTAL AREA | | | |

G. Number of Off Street Parking Spaces

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 the description of the project: _____

Parcel #: _____

PROJECT COST

Total construction cost of this project: \$ _____

SQUARE FEET ADDED OR REMODELED

Finished Sq. Ft.:	1 st Story:	2 nd Story:	3 rd 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)

**PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, ACCESSORY STRUCTURES, AND POOLS**

LOCATION	Address: _____ Tax Parcel #: _____ <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">Permit #:</div>
INSTRUCTIONS	<p>In the space provided on the back side, draw plot plan as neatly and accurately as possible, from survey if available.</p> <ol style="list-style-type: none"> 1. Draw Street(s) and right-of-way(s). 2. Draw property lines with dimensions. 3. Draw proposed and existing buildings showing any attached porch (es), chimney(s), carport(s), or garage(s), etc. with dimensions. 4. Show distances of buildings form property lines or other structures. 5. Separate application and plot plan required for each building.
EXAMPLE OF PLOT PLAN	<p style="text-align: center;">YOUR STREET (setbacks may vary depending on zoning of property)</p> <p style="text-align: center;">Center Line</p>

- PLOT PLAN -

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANTS SIGNATURE

PRINT APPLICANT NAME

DATE

Single Family Residential Addition

BUILDING SECTION

Note: For roofs with slopes less than 4:12, follow manufacturer's instructions for low slope application of roofing material

Note: Attic ventilation and access may be required

Provide roof tie downs
Solid 2x blocking between rafters that are 2x12 or greater

Note: Pre-engineered roof trusses w/truss clips may be used in lieu of roof structure shown.

Diagonal wind bracing or braced wall panels at corners and each 25' of wall.

Note: Pre-engineered floor systems may be used and should be installed according to the manufacturers installation instructions.

R-19 Floor Insulation

18" minimum from the interior grade level to the bottom of the floor joists

Engineered Design: Caissons may be required if your site has swelling soils

CHECK ONE

Foundation: Engineered Design

Foundation: Detail A (see page 3)

2x _____ rafters spaced _____" O.C. or
Manufactured Trusses spaced _____" O.C.
(example: 2 x 12 Rafters Spaced 24" O.C.)

Ridge Board Size _____

12 pitch

Sheathing _____
(example: 1/2" exterior plywood)

Roof Covering _____
(example: Class A 3 tab shingles)

Underlayment _____
(example: 1 layer 15# felt)

Ceiling Insulation _____
(example: R-30)

Wall Insulation _____
(example: R-13 Fiberglass Batts)

2x _____ ceiling joists @ _____ O.C.
(example: 2 x 8 @ 24" O.C.)

Double 2x _____ top plate
(example: 2 x 4)

Span _____
(example: 23' 5")

Ceiling Height _____
(example: 8')

Siding _____
(example: lap or T-111)

Wall Sheathing _____
(example: 1/2" exterior plywood)

2x _____ studs @ _____ O.C.
(example: 2 x 4 @ 24" O.C.)

Cont. 2x _____ sill plate
(example: 2 x 4)

2x _____ Joists @ _____ O.C.
(example: 2 x 10 @ 16" O.C.)

Wall Width _____"
(example: 8")

Footing Size _____" x _____"
(example: 10" x 24")

Access required

Property Address: _____

CONFIRMATION SHEET FOR SECURING A SOIL EROSION AND SEDIMENTATION CONTROL PERMIT

Date: _____

Name: _____

Address: _____

Parcel #: _____

Date: _____

SECS permit secured through the Saginaw County Public Works Commissioner:

Yes: ___ No: ___ Not Needed: ___

If answered yes, please give the SECS permit number and attach a copy of the permit:

If answered no, you must contact Saginaw County Public Works Commissioners Office at 989-790-5258.

Signature of applicant: _____ Date: _____

Confirmation that the project does not need a soil and erosion permit.

Staff Personnel who you spoke to: _____

If sediment control permit is needed, please complete the "PERMIT APPLICATION for Part 91 SOIL EROSION AND SEDIMENTATION CONTROL" on the backside of the form.