

# 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

**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**

<b>Project Information</b>			
PROJECT		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
Township of Thomas		Saginaw	
BETWEEN		AND	
<b>II. Identification</b>			
<b>A. Owner or Lessee</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>B. Architect or Engineer</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
<b>C. Contractor</b>			
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:			
<b>III. Type of Improvement and Plan Review</b>			
<b>A. Type of Improvement</b>			
<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"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<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>B. Plan Review Required</b>			
<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>IV. 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, 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**

BUILDING PERMIT FEE ENCLOSED (The first \$75.00 of an application is non-refundable) \$ _____	OR STATE ACCOUNT NUMBER _____
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**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:** \_\_\_\_\_

(Homeowner, Qualified Individual)

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

# Roof Installer Background Information Sheet

Contractors must turn this form into the Thomas Township Building Inspector with Application  
Thomas Township, 249 N. Miller Road, Saginaw, MI 48609 Phone: 989-781-0150 Fax: 989-781-0290

Property Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Explanation of work being performed (*please list all individual buildings*): \_\_\_\_\_

Contractors Name: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor State of Michigan License No: \_\_\_\_\_

A building permit is required prior to starting any roofing or re-roofing job. The contractor must provide the following when Applying:

- a. Copy of State of Michigan License
- b. Proof of workmen's comp insurance

The Building Inspector must be given a minimum of 24 hours prior notice of an inspection request. Building permits must be issued prior to requesting an inspection of the work being performed.

Because the Building Inspector cannot be onsite at all times during a roofing installation, the following may be required by the Inspector to insure proper installation of the roof:

- 1) Photos of the roof after shingle were removal. If shingling over existing shingles, photos of the roof prior to shingling over must be taken to show condition of existing shingles.
- 2) Photos of ice shield showing that it was installed a minimum of 24" measured from the exterior wall in the direction of the peak of the roof.
- 3) Photos of skylights (if installed) with all flashing installed prior to shingling.
- 4) Photos of flashing along siding, chimneys, vents, walls, or other surfaces that require flashing.
- 5) Photos of any drains, vents, or water channeling devices prior to covering.
- 6) Photos of air vents cut into the roof or existing vents. Photos must show clearly the size of unobstructed ventilation.

The Building Inspector is to be called prior to starting any roofing or re-roofing job in order to schedule an inspection as the roof is being stripped and flashing is being applied.

The Building Inspector will be looking for the contractor to have a good understanding as to the Michigan Building Code as it relates to roofing or re-roofing.

Contractors must understand how to do the following meeting the Michigan Building Code sections R703.8, R-903.2, R903.4 and R905:

- Flashing
- Skylights Flashing
- Chimneys / Vents Flashing
- How to install the shingles per manufactures specifications and approved code requirements

I hereby acknowledge that I have read this application; filled out in full the information required. I state that all of the information required is correct. I agree to reconstruct the roofing system according to the Michigan Building Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Installer)