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

Project Information						
PROJECT			ADDRESS			
NAME OF CITY, VILLAGE OR TO	WNSHIP IN WHICH JOB IS LOCATE	D	COUNTY	ZIP CODE		
THOMAS TOWNSHIP			SAGINA	W COUNTY		
BETWEEN		AND				
II. Identification						
A. Owner or Lessee	Alexander and Experience and American		ADDRESS			
INAME			ADDRESS			
CITY	STATE		ZIP CODE	TELEPHONE NUMBER (Include Area Cade)		
0111	O I A I E		211 0002	TEEL HONE NOMBER (Moldad Alea Gade)		
B. Architect or Enginee						
NAME			ADDRESS			
r .						
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 EMPLOYED ID MILIADE	D (
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)						
WORKERS COMP INSURANCE CARRIER (or reason for exemption)						
WORKERS COMP INSURANCE C	ARRIER (of reason for exemption)					
UTA NUMBER (or reason for exem	notion)					
E-mail address:						
III. Type of Improveme	ent and Blan Boylow					
A. Type of Improvemen						
1. NEW BUILDING	3. ALTERATION	5. DEMOLITION	7. FOUNDATION ONLY	9. RELOCATION		
2. ADDITION	0 4. REPAIR	6. MOBILE HOME SET-UP	8. PREMANUFACTURE	10. SPECIAL INSPECTION		
B. Plan Review Require	ed					
Plans must be submitted	with an Application for P	lan Examination and the ap	propriate fee before a perm	it 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.						
pursuant to 1980 PA 299 a	and shall bear that architect	ding types and shall be prepa ''s or engineer's seal and signa	red by or under the direct sup ature.	pervision of an architect or engineer licensed		
BCC Plan Review Proje		-	School Site Plan Review No.			
			- Silver Site Flair Neviev			

IIV. Proposed Use Of Building						
A, Residential	* * * * *			145.2.含文化。36.2.6.3.3		
1. ONE FAMILY	□ 3.	HOTEL, MOTEL, NO. OF UNITS	0 5.	DETACHED GARAGE		
2. TWO OR MORE FAMILY NO. OF UNITS	4 .	ATTACHED GARAGE	□ 6.	OTHER		
B. Non-Residential						
0 7. AMUSEMENT	0 11.	SERVICE STATION		SCHOOL, LIBRARY,		
B. CHURCH, RELIGION		HOSPITAL, INSTITUTIONAL	□ 16.	EDUCATIONAL STORE, MERCANTILE		
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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.						
V. Selected Characteristics of Building						
A. Principal Type of Frame						
1. MASONRY, WALL BEARING	3. STRUCTUR	AL STEEL 114. REINFORCED CON	CRETE [] 5. OTHER _			
B. Principal Type of Heating Fuel						
0 6. GAS 0 7. OIL	B 8. ELECT	RICITY I 9. COAL	□ 10. OTH	ER,		
C. Type of Sewage Disposal						
11. PUBLIC OR PRIVATE COMPANY 1 12. SEPTIC SYSTEM						
D. Type of Water Supply						
13. PUBLIC OR PRIVATE COMPANY 0 14. PRIVATE WELL OR CISTERN						
E. Type of Mechanical			A Bertall St. St. St. St. St.			
15. WILL THERE BE AIR CONDITIONING? YES NO	16. WILL THERE	BE FIRE SUPPRESSION?	□ NO			
F. Dimensions /Data						
17. NUMBER OF STORIES		21. FLOOR AREA:	EXISTING AL	TERATIONS NEW		
18. USE GROUP		BASEMENT				
19. CONSTRUCTION TYPE						
20 NO OF OCCUPANTS		1ST & 2ND FLOOR				
20. NO. OF OCCUPANTS		3RD - 10TH FLOOR				
		11TH -ABOVE				
		TOTAL AREA		E Carlo		
G. Number of Off Street Parking Spaces						
22. ENCLOSED		23. OUTDOORS				

VI. Applicant Information	16. 计自己技术程		推进 车车 (1)		
APPLICANT IS RESPONSIE PROVIDE THE FOLLOWING		OF ALL FEES AND C	HARGES APPLICABI	LE TO THIS APPLICATION	ON AND MUST
NAME			ADDRESS		
CITY	STATE		ZIP CODE	TELEPHONE NUMBE	ER (Include Area Code)
FEDERAL EMPLOYER ID NUMBER (or	reason for exemption)				
I HEREBY CERTIFY THAT THE OWNER TO MAKE THIS THE STATE OF MICHIGAN.	APPLICATION AS HIS/HEF	R AUTHORIZED AGE	NT, AND WE AGREE T	O CONFORM TO ALL AP	PLICABLE LAWS OF
Section 23a of the state constr licensing requirements of this of section 23a are subjected t	state relating to persons wh				
Signature of Applicant					
VII. Local Governmental Age		ction RONMENTAL CONT	DOL ADDROVALS		Children of the children of th
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	□Yes □ No	7.111.0122		NoDEIX	
B - Fire District	□Yes □ No				
C - Pollution Control	□Yes □ No				
D - Noise Control	□Yes □ No				
E - Soil Erosion	□Yes □ No	8			
F - Flood Zone	□Yes □ No				
G - Water Supply	□Yes □ No		_ = =		
H - Septic System	□Yes □ No				
I - Variance Granted	□Yes □ No				
J - Other	□Yes □ No		2		
VIII. Validation -For Departm	ent Use Only				
USE GROUP BASE FEE					
TYPE OF CONSTRUCTION			NUMBER OF INSPEC	CTIONS	
SQUARE FEET					
APPROVAL SIGNATURE					
TITLE			DATE		

REQUIRED BUILDING PERMIT INFORMATION

Please state what you are intending to build:					
Parcel #:					_
		PRO	DJECT COST		
Total construction co	est of this proje	ct: \$			
	<u>squ</u>	ARE FEET A	ADDED OR REMOD	<u>ELED</u>	
Finished Sq. Ft.:	1st Story:		2 nd Story:		3 rd Story:
Basement Sq. Ft.:	Finished:		Unfinished:		Garage Sq. Ft.:
Deck Sq. Ft.:	Sq. Ft.: Porch Sq. Ft.: Covered Patio Sq. Ft.:		₹t.:	Other Sq. Ft.:	
		GENERA	L INFORMATION	,1,,,	
Owner:		Address:		Phone:	
General Contractor: City License #:					
Electrical Contractor: City License #:					
Plumbing Contractor: City License #:					se #:
Mechanical Contractor: City License #:				ise #:	
Contact: Phone #:					
Party responsible for pay	ment of construct	ion, connection,	and metering costs:		
Name: Phone #:					
	of the information	required is corn			and have completed an accurate ording to the Tomas Township
Signature:		· · · · · · · · · · · · · · · · · · ·	Date:		
(1	Homeowner, Qual	ified Individual)			

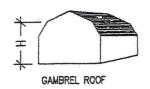
PLOT PLAN FOR PERMIT APPLICATION ONE/TWO FAMILY, ACCESSORY STRUCTURES, AND POOLS

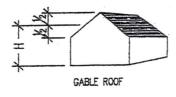
LOCATION	Address:	Permit #:
INSTRUCTIONS	 In the space provided on the back side, draw plot plan as neatly and accur available. Draw Street(s) and right-of-way(s). Draw property lines with dimensions. Draw proposed and existing buildings showing any attached porch garage(s), etc. with dimensions. Show distances of buildings form property lines or other structures Separate application and plot plan required for each building. 	n (es), chimney(s), carport(s), or
EXAMPLE OF PLOT PLAN	Rear Yard POOL DECK Side Yard HOUSE OR DUPLEX Front Yard Right-of-Way YOUR STREET (setbacks may vary depending on zoning of content Line)	ACCESSORY STRUCTURE D r i v e w a y

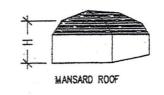
DI OT DI AM	
- PLOT PLAN -	
	*
EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUR	EMENTS INDICATED
	-meitio indicated.
APPLICANTS SIGNATURE PRINT APPLICANT NAME	DATE

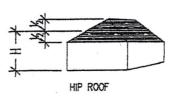
ONE STORY WALL SECTION

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You must provide BUILDING HEIGHT

(mean height see above)

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 Commission Yes: No: Not Needed: If answered yes, please give the SECS permit number and attach a copy	
If answered no, you must contact Saginaw County Public Works Commis	sioners Office at 989-790-5258.
Signature of applicant: Date:	_
Confirmation that the project does not need a soil and erosion permit.	2 fe
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.