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 TOWNSHIP IN WHICH JOB IS LOCATED **THOMAS TOWNSHIP, SAGINAW, MI**	COUNTY	ZIP CODE
BETWEEN	AND	

II. Identification

A. Owner or Lessee

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Cade)

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)

III. Type of Improvement and Plan Review

A. Type of Improvement

☐ 1. NEW BUILDING	☐ 3. ALTERATION	☐ 5. DEMOLITION	☐ 7. FOUNDATION ONLY	☐ 9. RELOCATION
☐ 2. ADDITION	☐ 4. REPAIR	☐ 6. MOBILE HOME SET-UP	☐ 8. PREMANUFACTURE	☐ 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 minor.

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 according 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.**

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	❑Yes ❑ No				
B - Fire District	❑Yes ❑ No				
C - Pollution Control	❑Yes ❑ No				
D - Noise Control	❑Yes ❑ No				
E - Soil Erosion	❑Yes ❑ No				
F - Flood Zone	❑Yes ❑ No				
G - Water Supply	❑Yes ❑ No				
H - Septic System	❑Yes ❑ No				
I - Variance Granted	❑Yes ❑ No				
J - Other	❑Yes ❑ 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.:	1st Story:	2nd Story:	3rd 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

Permit #:

Address: _____

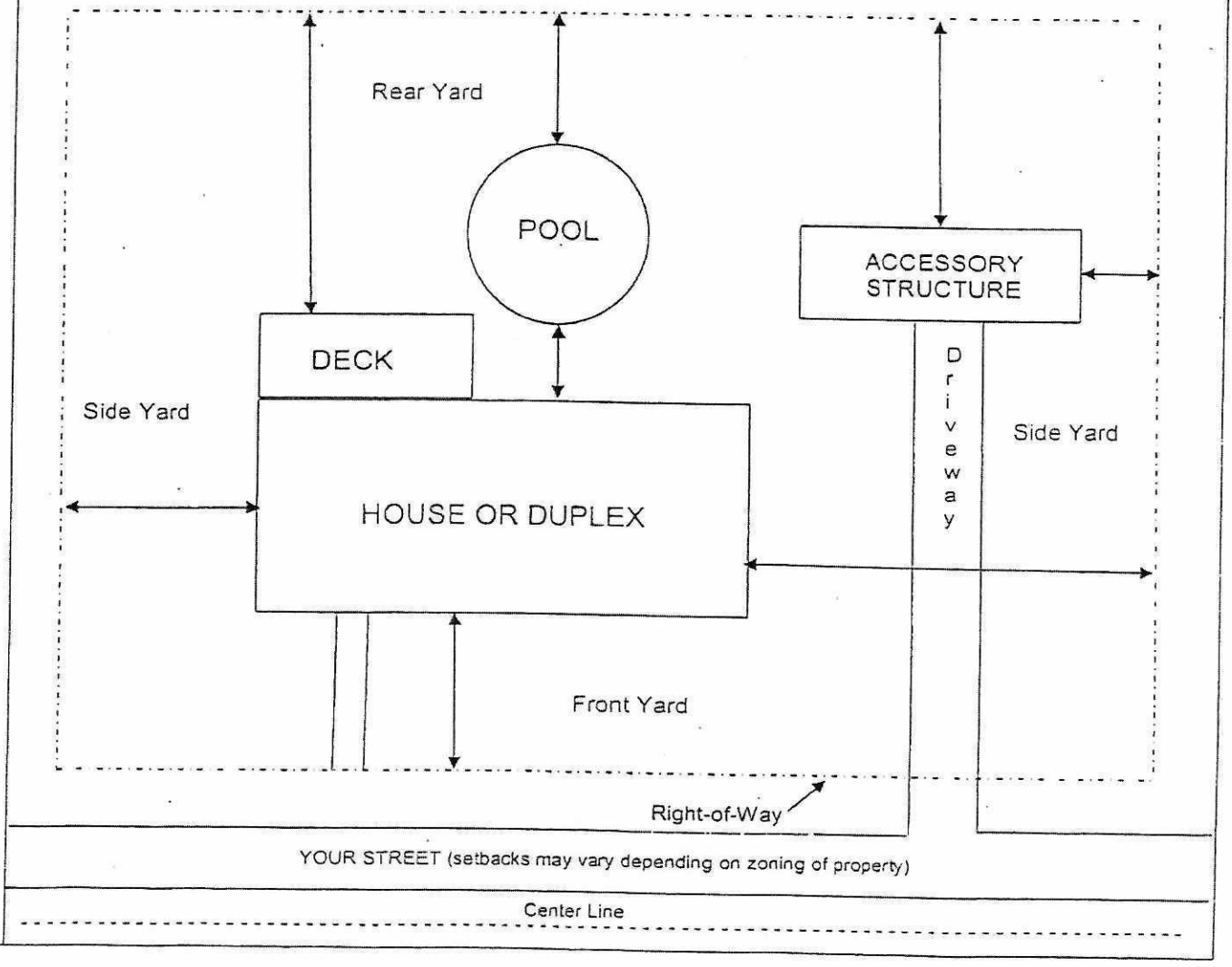
Tax Parcel #: _____

INSTRUCTIONS

In the space provided on the back side, draw plot plan as neatly and accurately as possible, from survey if available.

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



- PLOT PLAN -

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

APPLICANTS SIGNATURE

PRINT APPLICANT NAME

DATE

CONFIRMATION SHEET FOR SECURING A SOIL EROSION AND SEDIMENTATION CONTROL PERMIT

Date: _____

Name: _____

Address: _____

Parcel #: _____

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 the Saginaw County Public Works Commissioners Office at 989-790-5258 to see if one is required.

Signature of applicant: _____ Date: _____

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

Staff Personnel who you spoke to: _____