

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		COUNTY	ZIP CODE
THOMAS TOWNSHIP		SAGINAW COUNTY	
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			
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
- 2. TWO OR MORE FAMILY NO. OF UNITS _____
- 3. HOTEL, MOTEL, NO. OF UNITS _____
- 4. ATTACHED GARAGE
- 5. DETACHED GARAGE
- 6. OTHER _____

B. Non-Residential

- 7. AMUSEMENT
- 8. CHURCH, RELIGION
- 9. INDUSTRIAL
- 10. PARKING GARAGE
- 11. SERVICE STATION
- 12. HOSPITAL, INSTITUTIONAL
- 13. OFFICE, BANK, PROFESSIONAL
- 14. PUBLIC UTILITY
- 15. SCHOOL, LIBRARY,
- 16. EDUCATIONAL
- 17. STORE, MERCANTILE
- 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.

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 _____ 18. USE GROUP _____ 19. CONSTRUCTION TYPE _____ 20. NO. OF OCCUPANTS _____	21. FLOOR AREA: BASEMENT 1ST & 2ND FLOOR 3RD - 10TH FLOOR 11TH -ABOVE TOTAL AREA	EXISTING	ALTERATIONS	NEW
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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 what you are intending to build: _____

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.

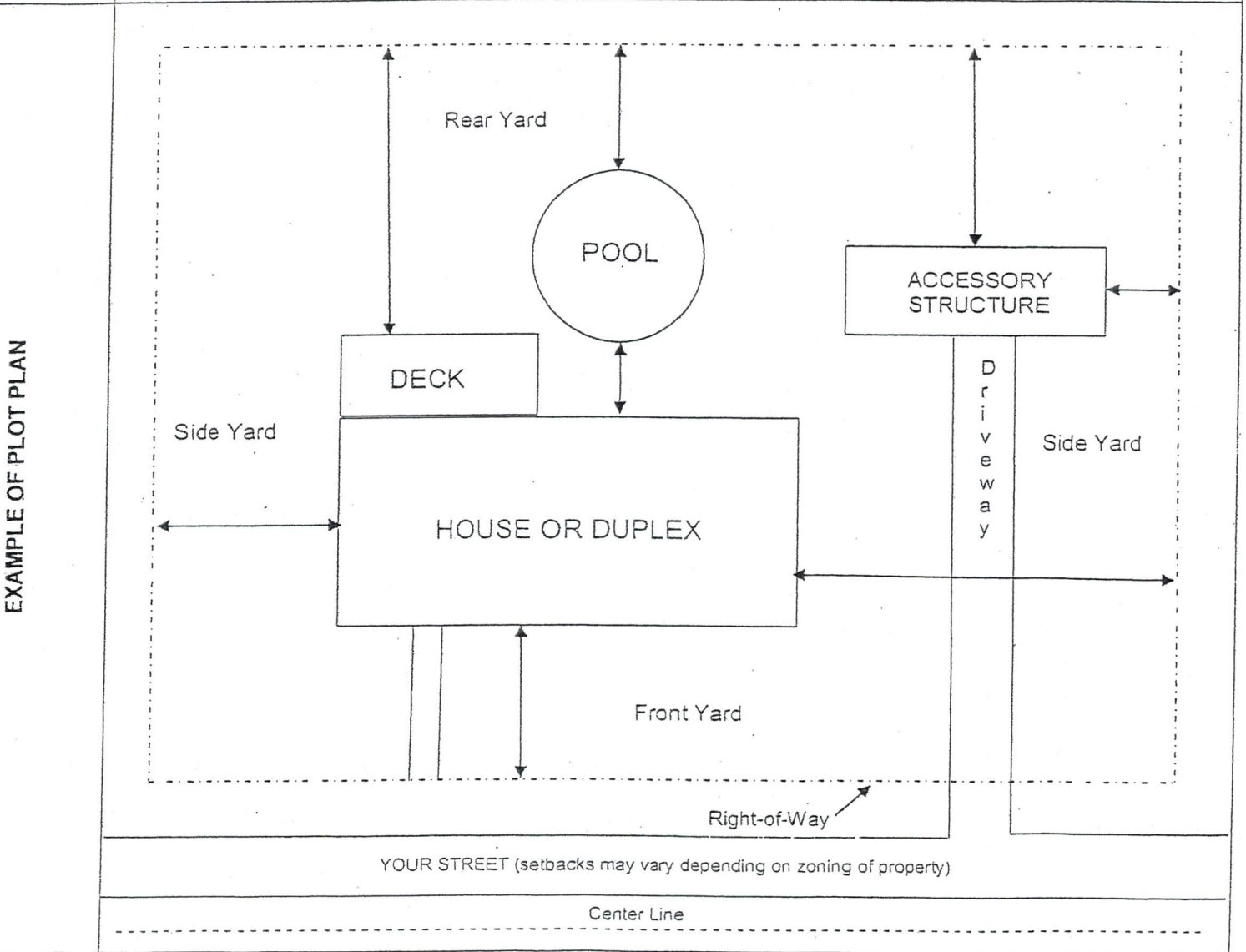
Signature: _____ Date: _____

(Homeowner, Qualified Individual)

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

LOCATION	Address: _____ Tax Parcel #: _____	Permit #:
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INSTRUCTIONS	In the space provided on the back side, draw plot plan as neatly and accurately as possible, from survey if available. <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.
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- PLOT PLAN -

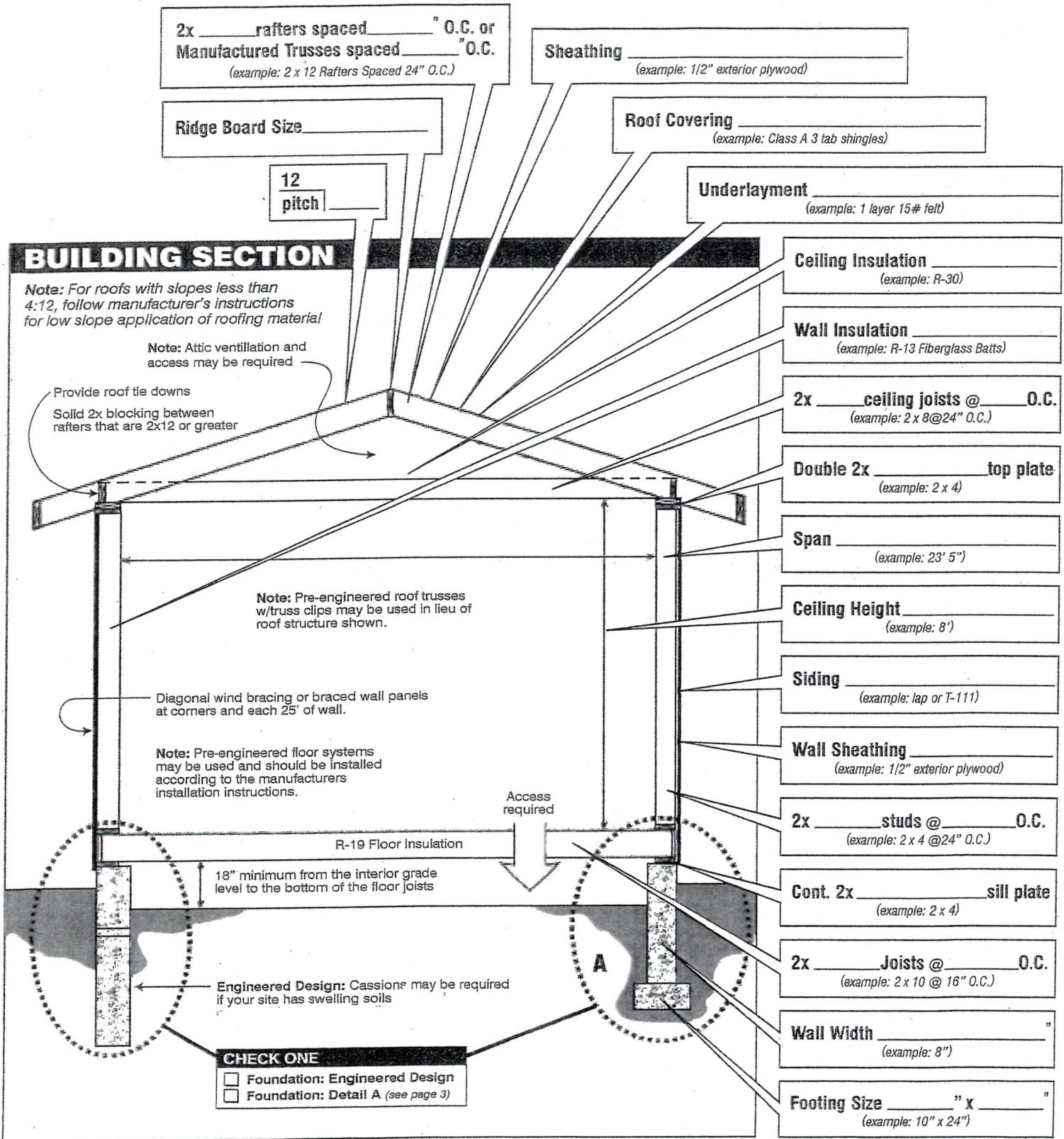
ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANTS SIGNATURE

PRINT APPLICANT NAME

DATE

Single Family Residential Addition



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.