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	COUNTY		
THOMAS TOWNSHIP, SA	GINAW MI					
BETWEEN	OIIAW, WII	AND				
II. Identification						
A. Owner or Lessee			LABBRESS			
IAME ADDRESS						
CITY	STATE		ZIP CODE	TELEPHONE NUM	MBER (Include Area Cade)	
B. Architect or Engineer						
NAME			ADDRESS			
CITY	STATE		ZIP CODE	TELEPHONE NUM	MBER (Include Area Code)	
					,	
LICENSE NUMBER				EXPIRATION DAT	TE	
EIOLINOL NOWIBLIN				EAFIRATION DATE		
C. Contractor			T			
NAME			ADDRESS			
CITY	STATE		ZIP CODE	TELEPHONE NUMBER (Include Area Code)		
BUILDERS LICENSE NUMBER				EXPIRATION DAT	E	
FEDERAL EMPLOYER ID NUMBER	(or reason for exemption)					
WORKERS COMP INSURANCE CARRIER (or reason for exemption)						
THORNERS COMM INCOMMINE CAMMINER (OF REGION OF EXCHIPTION)						
UTA NUMBER (or reason for exemp	tion\					
OTA NOMBER (or reason for exemp	uonj					
III. Type of Improvemen	nt and Plan Review					
A. Type of Improvement	t					
1. NEW BUILDING	3. ALTERATION	5. DEMOLITION	7. FOUNDATION ONLY	9. RELOCAT		
2. ADDITION	🛮 4. REPAIR	6. MOBILE HOME SET-UP	8. PREMANUFACTURE	⊔ 10. SPECIAL	_ INSPECTION	
B. Plan Review Required	d					
Plans must be submitted	with an Application for Pl	an Examination and the app	propriate fee before a permi	t 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 Projec			School Site Plan Review	No.		
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VI. Applicant Information						
APPLICANT IS RESPONSIBLE I PROVIDE THE FOLLOWING INF		F ALL FEES AND C	HARGES APPLICABL	E TO THIS APPLICATI	ON AND MUST	
NAME			ADDRESS			
CITY	STATE		ZIP CODE TELEPHONI		DNE NUMBER (Include Area Code)	
FEDERAL EMPLOYER ID NUMBER (or reaso	n for exemption)					
I HEREBY CERTIFY THAT THE PI THE OWNER TO MAKE THIS APP THE STATE OF MICHIGAN. ALL	PLICATION AS HIS/HER	AUTHORIZED AGEN	NT, AND WE AGREE T	O CONFORM TO ALL A	PPLICABLE LAWS OF	
Section 23a of the state construction licensing requirements of this state of section 23a are subjected to civ	e relating to persons who					
Signature of Applicant						
VII. Local Governmental Agency	to Complete This Sec	tion				
	ENVIF	RONMENTAL CONT	ROL APPROVALS			
	REQUIRED?	APPROVED	DATE	NUMBER	ВҮ	
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 INSPEC	TIONS		
SQUARE FEET						
APPROVAL SIGNATURE						
TITLE			DATE			

REQUIRED BUILDING PERMIT INFORMATION

Please state what you	are intending	to build:				
Parcel #:						
		PROJE	ECT COST			
Total construction co	ost of this projec	et: \$				
	SQU.	ARE FEET AD	DED OR REMODE	LED		
Finished Sq. Ft.:	1st 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.:	
	I				I	
		GENERAL I	<u>INFORMATION</u>			
Owner:		Address:		Phone:		
General Contractor:				City Lice	nse #:	
Electrical Contractor:				City Lice	nse #:	
Plumbing Contractor:				City Licen	se #:	
Mechanical Contractor:				City Licen	se #:	
Contact:				Phone #:		
Party responsible for pay	ment of constructi	ion, connection, and	I metering costs:			
Name:				Phone #:		
	of the information	required is correct.			and have completed an accurated and the total rolling to the Tomas Township	
Signature:	Homoowner Onell	fied Individual)	Date:			
1)	Homeowner, Quali	ried individual)				

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

z	*	Permit #:
OLL	Address:	
LOCATION	Tax Parcel #:	6
-		
S	In the space provided on the back side, draw plot plan as neatly and accur available.	ately as possible, from survey if
NOI	 Draw Street(s) and right-of-way(s). 	
Lon	 Draw property lines with dimensions. Draw proposed and existing buildings showing any attached porch 	(as) chimney(s) carnort(s) or
INSTRUCTIONS	garage(s), etc. with dimensions.	188 1860 No. 188 188 188 188 188 188 188 188 188 18
=	 Show distances of buildings form property lines or other structures Separate application and plot plan required for each building. 	:
	Ţ· l	Ţ ; ·]
	Rear Yard	
	(POOL)	40050000
		ACCESSORY STRUCTURE
Z		
MPLE OF PLOT PLAN	DECK	ı ı
[O]	Side Yard	V Side Yard
OF P		e w
LE	HOUSE OR DUPLEX	a y
EXA		
	Front Yard	
	<u> </u>	
-	Right-of-Way	
	YOUR STREET (setbacks may vary depending on zoning of	property)
	Center Line	

	- PLOT PLAN -	
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