

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

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Village of Blissfield  
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AUTHORITY: COMPLETION: PENALTY:	P.A. 230 1972, AS AMENDED MANDATORY TO OBTAIN PERMIT PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI**  
**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

I. PROJECT INFORMATION				
PROJECT TYPE		ADDRESS		
CITY	SUBDIVISION	LOT NO.	LOT SIZE	ZONING DISTRICT
BETWEEN		AND	PROPERTY TAX NO.	
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER		EXPIRATION DATE	FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		
III. TYPE OF PROJECT AND PLAN REVIEW				
A. TYPE OF PROJECT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. DESCRIBE PROPOSED PROJECT				
_____				
_____				
_____				
_____				
C. VALUATION OF PROPOSED PROJECT				
_____ \$				

**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL, MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                    | 6. <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT        | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE            |
| 9. <input type="checkbox"/> INDUSTRIAL       | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS                |
| 10. <input type="checkbox"/> PARKING GARAGE  | 14. <input type="checkbox"/> PUBLIC UTILITY             | 18. <input type="checkbox"/> OTHER                        |

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.

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**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

- |   |  |  |   |                                   |
|---|--|--|---|-----------------------------------|
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. <input type="checkbox"/> REINFORCED CONCRETE | 5. <input type="checkbox"/> OTHER |
|---|--|--|---|-----------------------------------|

**B. PRINCIPAL TYPE OF HEATING FUEL**

- |                                 |                                 |   |                                  |                                    |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|
| 6. <input type="checkbox"/> GAS | 7. <input type="checkbox"/> OIL | 8. <input type="checkbox"/> ELECTRICITY | 9. <input type="checkbox"/> COAL | 10. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|

**C. TYPE OF SEWAGE DISPOSAL**

- |  |  |
|--|--|
| 11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 12. <input type="checkbox"/> SEPTIC SYSTEM |
|--|--|

**D. TYPE OF WATER SUPPLY**

- |  |  |
|--|--|
| 13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 14. <input type="checkbox"/> PRIVATE WELL OR CISTERN |
|--|--|

**E. TYPE OF MECHANICAL**

- |   |   |
|---|---|
| 15. <input type="checkbox"/> WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. <input type="checkbox"/> WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

**F. DIMENSIONS / DATA**

17. <input type="checkbox"/> NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. <input type="checkbox"/> USE GROUP _____	BASEMENT	_____	_____	_____
19. <input type="checkbox"/> CONST. TYPE _____	1ST & 2ND FLOOR	_____	_____	_____
20. <input type="checkbox"/> NO. OF OCCUPANTS _____	3RD - 10TH FLOOR	_____	_____	_____
	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

**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		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

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.**

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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WATER TAP FEE ENCLOSED \$	SEWER TAP FEE ENCLOSED \$	BUILDING PERMIT FEE ENCLOSED \$
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**VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - SEWER SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**NOTES:**

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**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

APPROVAL SIGNATURE	APPROVAL SIGNATURE
TITLE	TITLE
DATE	DATE

PERMIT NO. \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

**IX. SITE PLOT PLAN - FOR APPLICANT USE**



**X. FOR DEPARTMENT USE**

**A. INSPECTIONS REQUIRED:**

FOOTING / POST HOLES, BEFORE POURING CONCRETE

FOUNDATION WALL, BEFORE BACKFILL

INSULATION ON FOUNDATION, BEFORE BACKFILL

FRAME, AFTER ROUGH APPROVALS

INSULATION

\_\_\_\_\_

STRUCTURAL STEEL, BEFORE COVERING

DRYWALL, BEFORE TAPING

\_\_\_\_\_

CONSTANT

\_\_\_\_\_

\_\_\_\_\_

FINAL, BEFORE OCCUPANCY