

APPLICATION FOR BUILDING PERMIT

Alpena Township Building Department
4385 US 23 North, Alpena, MI 49707
(989) 358-2737 (989) 356-9540 (fax)
www.alpenatownship.com

[] PERMIT INFORMATION:

PERMIT FEE: \$ _____ PERMIT NO: _____
PLAN REVIEW FEE: \$ _____
TOTAL FEES: \$ _____ * Make checks payable to: ALPENA TOWNSHIP

INFORMATION REQUIRED – AS PER PUBLIC ACTS – 230 OF 1972 AND 135 OF 1989

[] LOCATION OF STRUCTURE:
CORRECT ADDRESS: _____
(Rural addresses consist of (5) digits and the Road Name)
BETWEEN CROSSROADS: _____
PROPERTY TAX I.D. # _____ ZONED: _____

[] IDENTIFICATION REQUIREMENTS: OWNERSHIP

NAME OF OWNER/LESSEE: _____
CURRENT MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____

[] CONTRACTOR IDENTIFICATION: ALL ITEMS MUST BE COMPLETED TO OBTAIN PERMIT

NAME OF BUSINESS: _____
NAME OF CONTRACTOR: _____
PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____
MAILING ADDRESS: _____
Street/Road City State Zip
BUILDER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____
FEDERAL EMPLOYER ID NUMBER OR
REASON FOR EXEMPTION: _____
WORKER'S COMP INSURANCE CARRIER OR
REASON FOR EXEMPTION: _____
MESC EMPLOYER NUMBER OR
REASON FOR EXEMPTION: _____

[] ARCHITECT OR ENGINEER: (IF APPLICABLE) Registration Act of 1937, as amended.

NAME OF ARCHITECT OR ENGINEER: _____

FIRM NAME: _____

BUSINESS ADDRESS: _____

PHONE: (____) _____ # Street/Road City State Zip
CELL: (____) _____ FAX: (____) _____

LICENSE NUMBER: _____ EXPIRATION DATE: _____

[] TYPE OF IMPROVEMENT:

- | | | | |
|---------------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> RELOCATION |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> MODULAR STATE | <input type="checkbox"/> PORCH |
| <input type="checkbox"/> REMODEL | HUD YEAR: _____ | SYSTEM APPROVAL # _____ | <input type="checkbox"/> DECK |
| <input type="checkbox"/> OTHER _____ | | | |

[] PROPOSED USE OF BUILDING

RESIDENTIAL:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TWO OR MORE FAMILY
OF UNITS _____ | HEATED ()
UNHEATED () ELECTRICITY () | |
| <input type="checkbox"/> HOTEL, MOTEL
OF UNITS _____ | <input type="checkbox"/> POLE BUILDING | # OF BEDROOMS _____ |
| | <input type="checkbox"/> DETACHED GARAGE | # OF BATHROOMS _____ |
| | HEATED ()
UNHEATED () ELECTRICITY () | |

NON-RESIDENTIAL:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> CHURCH-RELIGION | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> TOWERS |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> STORE, MERCANTILE | |

Detailed description for proposed use of non-residential building:

[] ESTIMATED COST OF CONSTRUCTION: \$ _____

[] SELECTED CHARACTERISTICS OF BUILDING:

PRINCIPAL TYPE OF FOUNDATION:

- | | |
|---|--|
| <input type="checkbox"/> BASEMENT: UN-FINISHED () FINISHED () | <input type="checkbox"/> POURED CONCRETE |
| <input type="checkbox"/> PIERS | <input type="checkbox"/> BLOCK |
| <input type="checkbox"/> CRAWLSPACE | <input type="checkbox"/> PERMANENT WOOD FOUNDATION |
| <input type="checkbox"/> INSULATED CONCRETE FORM | <input type="checkbox"/> OTHER: _____ |

PRINCIPAL TYPE OF FRAME:

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> MASONRY, WALL BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> REINFORCED CONCRETE |
| <input type="checkbox"/> OTHER: _____ | | | |

PRINCIPAL TYPE OF HEATING FUEL:

- | | | | | |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> OIL | <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> WOOD | <input type="checkbox"/> OTHER: _____ |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|---------------------------------------|

TYPE OF SEWAGE DISPOSAL: PERMIT

- | | |
|---------------------------------|---|
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> SEPTIC SYSTEM: # _____ |
|---------------------------------|---|

TYPE OF WATER SUPPLY: PERMIT

- | | |
|---------------------------------|--|
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> PRIVATE WELL: # _____ |
|---------------------------------|--|

TYPE OF MECHANICAL:

WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE FIRE SUPPRESSION? YES NO

DIMENSIONS DATA:

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES: _____	BASEMENT:	_____	_____	_____
USE GROUP: _____	1 ST FLOOR:	_____	_____	_____
CONST. TYPE: _____	2 ND & ABOVE:	_____	_____	_____
NO. OF OCCUPANTS : _____	TOTAL AREA:	_____	_____	_____

WILL THERE BE AN ELEVATOR? YES NO HAS "BARRIER FREE" BEEN ADDRESSED? YES NO

[] DEMOLITIONS:

MOST RECENT USE OF STRUCTURE BEING ELIMINATED? (Example: Residence, Retail, Storage, Etc.)

LAND FILL RECEIPTS MUST BE SUBMITTED BEFORE PROJECT IS FINALIZED.

[] RESPONSIBILITY:

APPLICANT IS RESPONSIBLE FOR:

- 1.) SUBMITTING ALL REQUIREMENTS – including compliance worksheet for MI Energy Code 2003
- 2.) PAYMENT OF ALL FEES
- 3.) CALLING FOR ALL INSPECTIONS, INCLUDING FINAL OCCUPANCY
- 4.) OBTAINING ANY OTHER PERMITS THAT MAY BE NEEDED (Example: DEQ, Army Corp, Driveway, etc.)

ORDERED TO APPEAR HERE BY "PUBLIC ACT 230, OF 1972, AND 135 OF 1989". STATE OF MICHIGAN:

PLEASE READ BEFORE SIGNING:

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 the 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.

ALSO READ:

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230, OF THE PUBLIC ACTS OF 1972, BEING SECTION 125, 1523a OF THE MICHIGAN COMPILED LAWS, 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 SUBJECT TO CIVIL FINES.

PERSON RESPONSIBLE: _____
Please Print Name

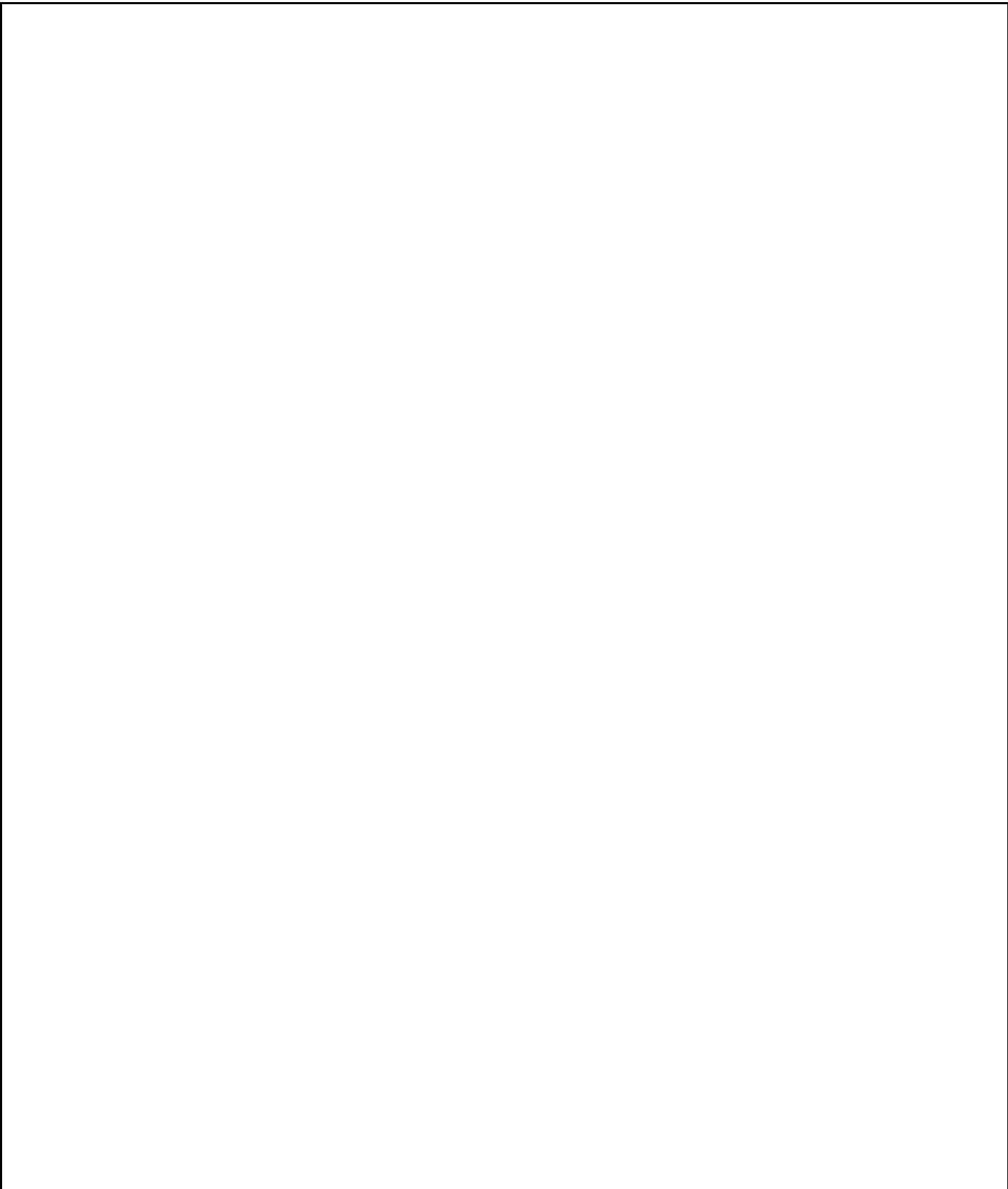
MAILING ADDRESS: _____
Street Address City State Zip

SIGNATURE OF APPLICANT/CONTRACTOR/AGENT – RESPONSIBLE PARTY

Signature _____ Date _____

[] NOTES:

[] SITE OR PLOT PLAN – FOR APPLICANT USE



INDICATE DIRECTION OF NORTH IN CIRCLE:

