

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

RAY TOWNSHIP
64255 WOLCOTT
RAY TWP., MI 48096-2442
OFFICE HOURS: MONDAY THRU FRIDAY 9:00 AM – 4:00 PM
586-749-5171 - FAX 586-749-6190

AUTHORITY: P.A. 230 OF 1972, AS AMENDED	CONSISTANT WITH FEDERAL POLICY, RAY TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
COMPLETION: MANDATORY TO OBTAIN PERMIT	
PENALTY: PERMIT WILL NOT BE ISSUED	

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND IX
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. LOCATION OF BUILDING

ADDRESS: _____
BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1. <input type="checkbox"/> NEW BUILDING	2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOVING, RELOCATION
<input type="checkbox"/> PREMANUFACTURE	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY
<input type="checkbox"/> MOBILE HOME SET-UP			

B. OWNERSHIP

8. PRIVATE: (individual, corporation, non profit institution, etc.)
9. PUBLIC: (Federal, State, or local government)

C. ESTIMATED COST

10. COST OF IMPROVEMENT: _____
11. TOTAL COST OF IMPROVEMENT (To be installed but not included in the above cost) Electrical, Plumbing, Heating & Air): _____

D. PROPOSED USE OF BUILDING

RESIDENTIAL:

12. <input type="checkbox"/> One Family	14. <input type="checkbox"/> Hotel, Motel Enter # of units: _____	16. <input type="checkbox"/> Carport
13. <input type="checkbox"/> Two or More Family Enter # of units: _____	15. <input type="checkbox"/> Garage Attached <input type="checkbox"/> Detached <input type="checkbox"/>	17. <input type="checkbox"/> OTHER – Specify _____ _____ _____

NONRESIDENTIAL:

18. <input type="checkbox"/> Amusement, recreational	22. <input type="checkbox"/> Service station, repair garage	26. <input type="checkbox"/> School, library, other educational
19. <input type="checkbox"/> Church, other religious	23. <input type="checkbox"/> Hospital, institutional	27. <input type="checkbox"/> Stores, mercantile
20. <input type="checkbox"/> Industrial	24. <input type="checkbox"/> Office, bank, professional	28. <input type="checkbox"/> Tanks, towers
21. <input type="checkbox"/> Parking garage	25. <input type="checkbox"/> Public Utility	29. <input type="checkbox"/> OTHER – Specify _____

NONRESIDENTIAL: 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.

E. REVIEW(S) TO BE PERFORMED

BUILDING ELECTRICAL MECHANICAL PLUMBING FOUNDATION

III. SELECTED CHARACTERISTICS OF BUILDING				
A. PRINCIPAL TYPE OF FRAME				
30. <input type="checkbox"/> MASONRY	31. <input type="checkbox"/> WOOD FRAME	32. <input type="checkbox"/> STRUCTURAL STEEL	33. <input type="checkbox"/> REINFORCED CONCRETE	34. <input type="checkbox"/> OTHER
B. PRINCIPAL TYPE OF HEATING FUEL				
35. <input type="checkbox"/> GAS	36. <input type="checkbox"/> OIL	37. <input type="checkbox"/> ELECTRICITY	38. <input type="checkbox"/> COAL	39. <input type="checkbox"/> OTHER: _____
C. TYPE OF SEWAGE DISPOSAL				
40. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		41. <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY				
42. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		43. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
E. TYPE OF MECHANICAL				
WILL THERE BE:				
CENTRAL AIR CONDITIONING: 44. <input type="checkbox"/> YES 45. <input type="checkbox"/> NO ELEVATOR 46. <input type="checkbox"/> YES 47. <input type="checkbox"/> NO FIRE SUPPRESSION <input type="checkbox"/> YES <input type="checkbox"/> NO				
F. DIMENSIONS				
48. NUMBER OF STORIES: _____		49. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS: _____		
G. NUMBER OF OFF-STREET PARKING SPACES				
50. ENCLOSED _____		51. OUTDOORS _____		
H. RESIDENTIAL BUILDINGS ONLY				
52. NUMBER OF BEDROOMS: _____		53. NUMBER OF BATHROOMS: FULL _____ PARTIAL _____		
IV. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS	
			1. _____	2. _____
B. ARCHITECT OR ENGINEER				
NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS	
			1. _____	2. _____
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME (PLEASE PRINT)			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS	
			1. _____	2. _____
BUILDERS LICENSE NUMBER (ENCLOSE COPY OF LICENSE)			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			EXPIRATION DATE	

V. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME (PLEASE PRINT)	ADDRESS
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CITY	STATE	ZIP CODE	TELEPHONE NUMBERS
			1. _____ 2. _____

FEDERAL I.D. NUMBER / DRIVER'S LICENSE NUMBER _____

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: _____ **DATE:** _____

VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A. SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B. WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C. SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F. POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G. FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H. OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. PLAN REVIEW RECORD – FOR DEPARTMENT USE ONLY

Plan Reviews Required	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING						
PLUMBING						
MECHANICAL						
ELECTRICAL						
OTHER _____						

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

Building Permit number: _____ Building Permit issued: _____ Building Permit Fee: \$ _____ Plan Review Fee: \$ _____ Zoning Permit Fee: \$ _____ Approved by: _____ Title: Ray Township Building Inspector	Use Group: _____ Construction Type: _____ Fire Grading: _____ Live Loading: _____
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IX. SITE OR PLOT PLAN - FOR APPLICANT USE

