

Make Check Payable to Charter Township of Garfield

Garfield Township
 Building Department
 3848 Veterans Drive
 Traverse City, MI 49684

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, AND V

I. LOCATION OF BUILDING

AT: _____
 Number Street City, State, Zip

BETWEEN: _____ AND _____

SUBDIVISION: _____ LOT#: _____ LOT SIZE: _____

ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? YES* NO

* IF YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED.

II. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A - D

A. TYPE OF IMPROVEMENT

New Building
 Stick Built on Site
 Modular # of Sections _____
 Manufactured ___ New ___ Used
 Dimensions _____ X _____
 Addition
 Alteration/Build-Out of Existing
 Repair/Replacement
 Demolition # of Units _____
 Are All Utilities Disconnected? Y N
 Moving or Relocation
 Foundation Only

B. PROPOSED USE (For Demolition, Check Most Recent Use of Structure)

RESIDENTIAL

One Family
 Two or More Families # of Units _____
 Hotel, Motel, Dormitory # of Units _____
 Garage
 Carport
 Swimming Pool
 In Ground Above Ground
 Solar Panels
 Ground Mount Roof Mount
 Other - Specify _____

NON-RESIDENTIAL

Amusement, Recreational
 Church, Other Religious Use
 Industrial
 Parking Garage
 Service Station/Repair Garage
 Hospital, Institutional
 Office, Bank, Professional
 Public Utility
 School, Library, or Other educational
 Stores, Retail, Mercantile
 Tanks, Towers
 Other - Specify _____

C. OWNERSHIP

Private (An Individual, Corporation, Non-Profit Institution, Etc.)
 Public (Federal, State or Local Government)

D. COST

BASE Cost of Improvement:

1. Electrical
2. Plumbing
3. Heating A/C
4. Other (Elevator, etc.)

Total Cost Of Improvement

(Omit Cents)

\$ _____

 \$ _____

Non-residential - describe in detail proposed use of buildings, e.g., food processing plant, machining shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING - FOR NEW BUILDINGS AND ADDITIONS, COMPLETE PARTS E - L, FOR DEMOLITION, COMPLETE PART J ONLY, FOR ALL OTHERS SKIP TO IV

E. PRINCIPAL TYPE OF FRAME

Masonry (Wall Bearing)
 Wood Frame Industrial
 Structural Steel
 Reinforced Concrete
 Other-Specify _____

G. PRINCIPAL TYPE OF FRAME

Public/Municipal
 Private (On-Lot System)

H. TYPE OF WATER SUPPLY

Public/Municipal
 Private (Well, Cistern)

I. TYPE OF MECHANICAL

Will There Be Central Air Conditioning?
 YES NO
 Will There Be An Elevator?
 YES NO

J. PRINCIPAL TYPE OF FRAME

Number of Stories _____
 Total Square Feet of Floor Area, All Floors, Based On Exterior Dimensions _____
 Total Land Area, SQ. FT. _____

K. NUMBER OF OFF-STREET PARKING SPACES

Enclosed (Garage) _____
 Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

Number of Bedrooms _____
 Number of Bathrooms:
 Full _____ Partial _____

F. PRINCIPAL TYPE OF HEATING FUEL

Natural Gas
 Oil
 Electricity
 Geothermal
 Other-Specify _____

IV. IDENTIFICATION**A. OWNER OR LESSEE NAME:**

Name _____

Address _____

City _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

State & Zip Code _____

B. ARCHITECT OR ENGINEER NAME:

Name _____

Address _____

City _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

License & Expiration _____

C. CONTRACTOR NAME:

Name _____

Address _____

City _____

Builder's License # _____

Telephone Number _____

Cell Phone Number _____

Fax Number _____

State _____ Zip Code _____

Expiration Date _____

Federal Employer ID # Or Reason For Exemption:

Worker's Comp Insurance Carrier Or Reason For Exemption:

MESC Employer Number Or Reason For Exemption:

V. APPLICANT INFORMATION**Applicant Is Responsible For The Payment Of All Fees/Charges Applicable To The Application And Must Provide The Following Information:**

Name _____

Telephone Number _____

Address _____

Cell Phone Number _____

City/State/Zip Code _____

Fax Number _____

Email Address _____

Preferred Method of Contact for Plan Reviews _____

Federal Employer ID # 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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1253a 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.**APPLICANT SIGNATURE:****APPLICATION DATE:****PRINT APPLICANT NAME:******* REMODELS ONLY - COST OF PROJECT:****NOTES - FOR DEPARTMENT USE ONLY:**