

# 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/Municipa  
 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 \_\_\_\_\_

<b>IV. IDENTIFICATION</b>	
<b>A. OWNER OR LESSEE NAME:</b> Name _____ Address _____ City _____	Telephone Number _____ Cell Phone Number _____ Fax Number _____ State & Zip Code _____
<b>B. ARCHITECT OR ENGINEER NAME:</b> Name _____ Address _____ City/State/Zip _____	Telephone Number _____ Cell Phone Number _____ Fax Number _____ License # & Expiration _____
<b>C. CONTRACTOR NAME:</b> 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:	
<b>V. APPLICANT INFORMATION</b>	
<b>Applicant Is Responsible For The Payment Of All Fees/Charges Applicable To The Application And Must Provide The Following Information:</b>	
Name _____ Address _____ City/State/Zip Code _____	Telephone Number _____ Cell Phone Number _____ 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.	
<b>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.</b>	
<b>APPLICANT SIGNATURE:</b>	<b>APPLICATION DATE:</b>
<b>PRINT APPLICANT NAME:</b>	
<b>*** REMODELS ONLY - COST OF PROJECT:</b>	
<b>NOTES - FOR DEPARTMENT USE ONLY:</b>	