

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION
SPRINGDALE TOWNSHIP BUILDING DEPARTMENT**

448 COURT PLACE - BEULAH, MI 49617

231-882-9673

FAX: 231-882-0033

Last Date Modified – 05-11-09

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED, SIGNED, PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.	THE SPRINGDALE TOWNSHIP BUILDING DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF SEX, RACE, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL AFFLIATION. MAKE CHECKS PAYABLE TO: BENZIE COUNTY BUILDING DEPARTMENT	
LOCATION OF PROJECT		
Street Address:	Village, Township or City:	
Parcel Number: 51-13-		
A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Repair/Remodel <input type="checkbox"/> Reroof <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> New Basement <input type="checkbox"/> Foundation/Footing Only <input type="checkbox"/> Basement Remodel <input type="checkbox"/> Deck/Porch	B. PROPOSED RESIDENTIAL <input type="checkbox"/> One & Two Family <input type="checkbox"/> Three or More Family <input type="checkbox"/> Transient; enter # of Units ____ (hotel/motel) <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Carport <input type="checkbox"/> Pole Building <input type="checkbox"/> Mobile/Modular Home <input type="checkbox"/> Other _____	BB. NON-RESIDENTIAL-COMMERCIAL <input type="checkbox"/> Storage <input type="checkbox"/> Mercantile, Stores <input type="checkbox"/> Recreational <input type="checkbox"/> Tanks/Towers <input type="checkbox"/> Religious <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Industrial From _____ <input type="checkbox"/> Garage (Parking) To _____ <input type="checkbox"/> Service Station <input type="checkbox"/> Other _____ <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Utility <input type="checkbox"/> Educational
C. OWNERSHIP <input type="checkbox"/> Private <input type="checkbox"/> Public	D. TYPE OF FOUNDATION <input type="checkbox"/> Slab <input type="checkbox"/> Piers <input type="checkbox"/> Poles <input type="checkbox"/> Crawl <input type="checkbox"/> Basement	DD. NON-SQUARE FOOT CHARGE – FLAT FEE ____ May include but not limited to items like, replacing siding, windows, Retaining walls, fences, reroofs, demolition and other similar work.
E. PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete(ICF) <input type="checkbox"/> Post Type <input type="checkbox"/> Other _____	F. TYPE OF HEATING FUEL <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	G. TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Well, Cistern) H. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Septic Tank, etc)
I. IS THIS BUILDING LOCATED WITHIN 500 FT. Of a Lake, Stream, Drain, River, Marsh or Critical Dune? <input type="checkbox"/> Yes <input type="checkbox"/> No	J. RESIDENTIAL BUILDINGS ONLY No. of Bedrooms _____ No. of Bathrooms _____ Full _____ Partial	
K. DIMENSIONS, Work area Size: ____x____ No. of Stories ____ First Floor Size ____x____ Second Floor Size ____x____ Third Floor Size ____x____ 1 st Floor _____Sq. Ft. 2 nd Floor _____Sq. Ft. 3 rd Floor _____Sq. Ft. Total New Sq. ft. _____ BASEMENT: _____Sq. Ft. Finished _____Sq. Ft. Unfinished Total Remodel Sq. ft. _____ GARAGE/POLE BARN: _____Sq. Ft.(Finished____)(Unfinished____) DECK: size ____x____ _____Sq. Ft. OTHER AREA: (_____) _____Sq. Ft. COVERED DECK-PORCH size ____x____ _____Sq. Ft.		
L. MISCELLANEOUS (Please circle to which apply) IF YES – SEPARATE PERMIT IS REQUIRED Will there be Plumbing in building? Yes No Will there be Electricity in building? Yes No Will there be Mechanical in building? Yes No	PLAN REVIEW REQUIRED Building Yes Electrical Yes Mechanical Yes Plumbing Yes (Plan Reviewer shall mark and flag property for fee of trades)	
DESCRIPTION OF WORK, Describe in detail the proposed use/work of the building, e.g., mercantile(shoe shop), ice cream shoppe, school building, reroof, airplane hanger, Rental office building, food processing plant, Dr. office, storage building. If use of an existing building is being changed, enter proposed use. _____ _____ _____		

PLEASE TURN OVER!!

PLEASE PRINT: Cell Number _____

Owner or Lessee Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

* Architect or Engineer _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

License Number _____ Expiration Date _____

* Contractor Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Builder's License Number _____ Expiration Date _____ Cell Number _____

Federal Employer ID Number or Reason for Exemption _____

Workers Comp. Insurance Carrier or Reason for Exemption _____

MESC Employer Number 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 authorized agent and we agree to conform to all applicable laws of the State of Michigan. All information 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 125.1523A 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.

Signature of Applicant: --->	PRINT NAME OF SIGNEE--->	Date
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DO NOT WRITE BELOW THIS LINE

OTHER PERMITS:	REQUIRED	NOT REQUIRED	APPROVED	DATE OBTAINED	NUMBER	ISSUED BY
Zoning						
Water Supply						
Septic Supply						
Soil Erosion						
High Risk Erosion						
Plumbing						
Mechanical						
Electrical						
Driveway						
Other						

Building Permit # _____ Date Issued _____ Permit Fee _____

Use Group: _____ Type of Construction: _____ Work Description: _____

Inspector's Approval Signature _____