

Building Permit Application

Randall Aldering, Building Official
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Arlington Township

Penalty: Failure to provide the information may result in denial of your request. Authority: PA 230 1972	Equal opportunity program; auxiliary aids, services, and reasonable accommodations are available upon request to persons with disabilities.
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Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			CITY
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			ZIP CODE
COUNTY	BETWEEN _____ AND _____		

Applicant				
NAME			E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner of the land in fee on which the building or structure will be constructed				
NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

Cost and Fees			
ESTIMATED PROJECT COST			
\$ _____			
Re-Open Expired Permit	\$75.00		
Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00		
CERTIFICATE OF OCCUPANCY (\$50.00 FEE) <input type="checkbox"/> YES <input type="checkbox"/> NO	Your building permit fee will be calculated by the building department, and you will be notified of the cost when the permit is approved		

Validation – For Department Use Only	Validation Area
USE GROUP _____	
TYPE OF CONSTRUCTION _____	
SQUARE FEET _____	
APPLICATION FEE (non-refundable) \$ _____	
CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	
NUMBER OF INSPECTIONS _____ \$ _____	
TOTAL PERMIT FEE \$ _____	
APPROVAL SIGNATURE _____	

Residential builder or Residential maintenance and alteration contractor			
NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Purpose of Project				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input checked="" type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> OTHER _____

Plan Review Required
Two sets of construction documents are required with each application, sealed and signed by an architect or professional engineer per PA 299, 1980 as amended. Seal / signature not required for 1 and 2 family dwellings less than 3,500 sq ft of calculated floor area or public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making same, of the specifications for the building structure with full and complete copies of the plans drawn to scale, of the proposed work. Applicant must submit a site plan showing dimensions and the proposed location of the structure and other buildings or structures on the same premises. For buildings regulated by the MBC, include a separate application for plan examination, which must be approved before a building permit can be issued.
Plan Review Number _____ School Site Plan Review Number (if different) _____
If project is exempt from Plan Review, identify basis for exemption: _____

Residential - Buildings Regulated by the Michigan Residential Code		
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____

Buildings Regulated by the Michigan Building Code		
<input type="checkbox"/> (A-1) ASSEMBLY (THEATERS, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCOPE OF WORK?
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Type of Construction		
<input type="checkbox"/> 1A - Non-Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B - Non-Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A - Non-Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B - Non-Combustible (Non-Rated Structural Elements)	<input type="checkbox"/> 3A - Non-Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B - Non-Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 - Heavy Timber	<input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

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.

I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE

DATE

Additional Notes: