

**NOTE: Zoning Approval is needed prior to submitting this permit.**

**Building Permit Application**  
**Arlington Township, Van Buren County, Michigan**  
**Building and Permits Division**

Bill Snider  
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 sniderservices12@gmail.com  
 www.arlingtontownship.com

Penalty: Failure to provide the information may result in denial of your request.

**Project or Facility Information**

PROJECT NAME		ADDRESS	
NAME OF CITY IN WHICH JOB IS LOCATED		CITY	ZIP CODE
COUNTY	BETWEEN	AND	
VAN BUREN COUNTY			

**Applicant**

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>

**Owner or Lessee**

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>	

**Signature**

I HEREBY CERTIFY ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY COMPLIANCE WITH MCL 125.1510(2).

**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		DATE	ESTIMATED PROJECT COST
			\$ _____
CERTIFICATE OF OCCUPANCY (\$50.00 FEE) <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING PERMIT FEE ENCLOSED <i>(The first \$100.00 of an application is non-refundable)</i>	
		\$ _____	

**Validation – For Department Use Only**

**VALIDATION AREA**

USE GROUP
TYPE OF CONSTRUCTION
SQUARE FEET
APPLICATION FEE (non-refundable) \$ _____
CERTIFICATION OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
NUMBER OF INSPECTIONS _____ \$ _____
TOTAL PERMIT FEE \$ _____
APPROVAL SIGNATURE

Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYMENT ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Type of Improvement				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input 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"/> SPECIAL INSPECTION

Plan Review Required
<p>2 sets of construction documents are required with each application for a permit.</p> <p>Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.</p> <p><b>For buildings regulated by the Michigan Building Code, 2 sets of construction documents must be submitted with a separate Application for Plan Examination, the appropriate fee, and approved before a building permit can be issued.</b></p> <p><b>BCC Plan Review Number</b> _____ <b>School Site Plan Review Number (if different)</b> _____</p>

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 _____

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

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

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1 <sup>st</sup> & 2 <sup>nd</sup> FLOOR	_____	_____	_____
3 <sup>rd</sup> FLOOR & ABOVE	_____	_____	_____
TOTAL AREA			

