

## **Clay Township**

**4710** Pointe Tremble Road Clay Township, MI 48001 810-794-9320 phone, 810-794-1964 fax

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

In order to avoid delay all forms must be completely filled out and plans must contain required information. NOTE: Separate applications must be filled out for electrical, mechanical and plumbing permits. Authority: P.A. 230 of 1972, as amended; Completion: Mandatory to obtain permit; Penalty: Permit will not be issued.

| PROJECT INFORMATION  |                          |                   |                             |                  |             |                     |                    |                                |                |
|--|--------------------------|-------------------|-----------------------------|------------------|-------------|---------------------|--------------------|--------------------------------|----------------|
| Job Address  |                          |                   |                             | Lot Number       |             |                     | Subdivision        |                                |                |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |
| PROJECT DESCRIPTION/   |                          | VEMENT            |                             |                  |             |                     |                    |                                |                |
| <u>Detailed Description</u> of Project   |                          |                   |                             |                  |             |                     |                    | Estimated Cost of Construction |                |
|  |                          |                   |                             |                  |             |                     |                    | 4                              |                |
|  |                          |                   |                             |                  |             |                     |                    | \$                             |                |
| This Section is for new co   | onstruction only         | - DIMENSI         | ONS AN                      | D DATA           |             |                     |                    |                                |                |
| Company Freedom  | # 04                     | Fees              | Fees: (for office use only) |                  |             |                     |                    |                                |                |
| Square Footage -   | # of Bedrooms_           |                   |                             |                  |             |                     |                    |                                |                |
| 1st Story  | # of Bathroo             |                   |                             |                  |             |                     |                    |                                |                |
| 2 <sup>nd</sup> Story  | Full                     |                   |                             |                  |             |                     |                    |                                |                |
| Basement   | Half                     |                   |                             |                  |             |                     |                    |                                |                |
| Garage   | Finishing Ba             |                   |                             |                  |             |                     |                    |                                |                |
| TOTAL  | - Ye                     |                   |                             |                  |             |                     |                    |                                |                |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |
| APPLICANT INFORMATION  | JN                       | 1                 | A d d u a a a . (           | Oito Ctata 3     | /!.a        |                     |                    |                                |                |
| Name(print)  |                          |                   | Auuress, (                  | City, State, Z   | .ip         |                     |                    |                                |                |
| Email  |                          |                   |                             | Phone            |             |                     |                    |                                |                |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |
| Driver License Number  |                          | Date of Birth     |                             | Builder Li       | cense(if    | ense(if applicable) |                    | Exp date                       |                |
| Company Name(if applicable)  |                          |                   |                             |                  |             |                     |                    |                                |                |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |
| I hereby certify that the propose his/her authorized agent, and we                             |                          |                   |                             |                  |             |                     |                    |                                |                |
| this application is accurate to t  | he best of my know       | ledge.            |                             | •                | ,           | •                   | _                  |                                |                |
| Section 23a of the state constr<br>requirements of this state relat<br>subject to civil fines. |                          |                   |                             |                  |             |                     |                    |                                |                |
| HOMEOWNER AFFIDAVI   | Т                        |                   |                             |                  |             |                     |                    |                                |                |
| I hereby certify the building wo   | rk described on this     |                   |                             |                  |             |                     |                    |                                |                |
| occupy. All work shall be install inspected and approved by the                                |                          |                   |                             |                  |             |                     |                    |                                |                |
| inspections.   | Dunamig mopoccor.        | · ······ coopera  |                             | o Bunumg n       | iopootoi    | ana rooumo          | rooponononity to   | arrango                        | , ioi nooccary |
| BOND HOLDER INFORMA  |                          |                   |                             |                  |             |                     |                    |                                |                |
| Bond Holder (this is who the   | e bond check will        | be refunded       | to)                         |                  |             |                     |                    |                                |                |
| Address, city, state, zip  |                          |                   |                             |                  |             |                     |                    |                                |                |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |
| Signature of Applicant - Must be s   | signed by Homeowner or C | Contractor (Homeo | wner Signatu                | re indicates con | npliance wi | ith Section VI. Ho  | meowner Affidavit) |                                | Date           |
|  |                          |                   |                             |                  |             |                     |                    |                                |                |