

GARFIELD TOWNSHIP

3848 Veterans Drive
Traverse City, Michigan 49684

**APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT**

PERMIT NUMBER

ADDRESS

Property No. _____	Setbacks F _____ LS _____ RS _____ R _____
Use Group _____	Type of Construction _____ Zoning District _____

IMPORTANT — Applicant to Complete All Items in Sections I, II, III and IV

I. LOCATION OF BUILDING	At (Location) _____ (NO.) (STREET)
	Between _____ and _____ (CROSS STREET) (CROSS STREET)
	Subdivision _____ Lot _____ Block _____ Lot Size _____

II. TYPE AND COST OF BUILDING - All Applicants Complete Parts A-E

<p>A. TYPE OF IMPROVEMENT</p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter number of new housing units added.) <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Wrecking (If multi-family residential, enter number of units in building.) <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation only <input type="checkbox"/> Other — Specify _____	<p>D. PROPOSED USE — For "Wrecking" Most Recent Use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family — Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other — Specify _____ </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, merchantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Signage Permit Required <input type="checkbox"/> Other — Specify _____ </td> </tr> </table>	<p>Residential</p> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family — Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other — Specify _____	<p>Nonresidential</p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, merchantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Signage Permit Required <input type="checkbox"/> Other — Specify _____
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<p>B. OWNERSHIP</p> <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government)	<p>E. LOCATION</p> Located within 500 feet of a lake or stream <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>C. COST</p> <p>Cost of improvement \$</p> <p>a. Electrical \$</p> <p>b. Plumbing \$</p> <p>c. Heating, air conditioning \$</p> <p>d. Other (elevator, etc.) \$</p> <p>TOTAL COST OF IMPROVEMENT \$</p>	<p>(Omit Cents)</p>	<p>Nonresident — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p>
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III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts F-N; for wrecking complete only Part L; for all others skip to IV.

<p>F. PRINCIPLE TYPE OF FRAME</p> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Pole <input type="checkbox"/> Other _____	<p>I. TYPE OF SEWAGE DISPOSAL</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (septic tank, etc.)	<p>L. DIMENSIONS</p> Number of stories Total square feet of floor area, all floors, based on exterior dimensions Total land area, sq. ft.	
<p>G. PRINCIPLE TYPE OF HEATING FUEL</p> <input type="checkbox"/> Gas <input type="checkbox"/> Coal <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Electricity _____	<p>J. TYPE OF WATER SUPPLY</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)	<p>M. NO. OF OFF-STREET PARKING SPACES</p> Enclosed Outdoors	
<p>H. HEATING TYPE</p> <input type="checkbox"/> Forced Air <input type="checkbox"/> Other <input type="checkbox"/> Water _____	<p>K. TYPE OF MECHANICAL</p> Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>N. RESIDENTIAL BUILDINGS ONLY</p> Number of bedrooms Number of bathrooms Partial Full	

IV. IDENTIFICATION

A. OWNER OR LESSEE

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

B. ARCHITECT OR ENGINEER

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NO.		EXPIRATION DATE	

C. CONTRACTOR

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
BUILDERS LICENSE NO.		EXPIRATION DATE	

FEDERAL EMPLOYER I.D. NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

V. APPLICANT INFORMATION:

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NO./SOCIAL SECURITY NO.			

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 submitted 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	APPLICATION DATE
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DO NOT WRITE BELOW THIS LINE

OTHER PERMITS/APPROVALS REQUIRED						VALIDATION
	REQUIRED	NOT REQUIRED	APPROVED	DATE OBTAINED	NUMBER	
ZONING						Building Permit Number _____
SOIL EROSION						
DRIVEWAY						Building Permit Issued _____ 20 ____
WATER SUPPLY						
SEPTIC SYSTEM						Building Permit Fee \$ _____
ENERGY						
SIGN						
FIRE DEPT.						
OTHER						