

Date ____/____/____

COMMERCIAL BUILDING PERMIT

AGS Building Department
 8721 Gull Road Suite B
 Richland, Mi 49083
 Phone: 269-629-0600 Toll Free: 800-627-2801
 Fax: 269-629-0601

Permit # _____

Job Location: _____ Property tax: _____

Owner: _____ Phone: _____

Address: _____

No. of Floors: _____ Bldg. Height: _____

Type of Improvement: _____

For Office Use Only
 Zoning District _____
 Use Group _____
 Type of Construction _____
 Permit Determinate _____

NONRESIDENTIAL – Describe in detail proposed use of building, 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.

REQUIRED DOCUMENTS

- ____ Site Plan Approval
- ____ Site Plan
- ____ Variance Approval (if applicable)
- ____ ~~3 Sets of Sealed Drawings & Specs~~
- ____ ~~Digital copy of Sealed Drawing~~
- ____ P.A. 135 Disclosure

ADDITIONAL PERMITS REQUIRED

- ____ Curb or Sidewalk Cut
- ____ Electrical
- ____ Mechanical
- ____ Plumbing
- ____ Sign or Billboard
- ____ Demolition
- ____ Erosion Control
- ____ Sanitary Sewer Tap
- ____ Storm Sewer Connection

PLAN REVIEW \$ _____

COST OF PERMIT \$ _____

TOTAL COST \$ _____

**Building Department
 Make Checks Payable to**

Engineer/Architect: _____ Phone: () _____

Address: _____

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

Name		Phone	Cell
Address		City	State/Zip Code
Fed ID# or SS#	MESC Emp #	Worker's Disability Comp Carrier	
License #	Exp Date	Exempt Reason:	

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 the state relating to the persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to civil fines.

AGENT'S AFFIDAVIT

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.

Signed: _____ Date: _____

LOT DIAGRAM

Owner: _____

Project Address: _____

Property Tax #: _____

- | | |
|-------------------------------|---|
| 1) Draw lot lines in feet | 5) Show dimensions of all buildings |
| 2) Label street | 6) Show distance from all sides of buildings to all lot lines |
| 3) Draw existing structures | 7) Draw lakes, streams, and wet lands within 500 feet |
| 4) Draw proposed construction | 8) Contractor/owner will stake 2 adjacent lot lines |

Signature of Applicant/Agent: _____ Date: _____

COMMERCIAL PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for _____
(job address)

Owner's Name _____

Contractor's Name _____

Before a permit may be issued all of the following documentation (1-6) must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- ___ 1. SITE PLAN APPROVAL (or other zoning approval as required).
- ___ 2. SITE PLAN DRAWINGS (as approved in item #1 - submitted with construction drawings).
- ___ 3. VARIANCE APPROVAL, if applicable.
- ___ 4. THREE (3) SETS OF SEALED DRAWINGS & SPECIFICATIONS.
- ___ 5. P.A. 135 Disclosure (Licensing information located on the Commercial Building Permit Application).
- ___ 6. PLAN REVIEW (Will be conducted by this office)

The following may also be required. The applicant is responsible for obtaining the following referenced permits or waivers (Items 7-12). These must be reconciled prior to issuance of a permit.

- ___ 7. CURB OR SIDEWALK CUT
- ___ 8. SIGN OR BILLBOARD PERMIT
- ___ 9. DEMOLITION PERMIT
- ___ 10. SOIL EROSION CONTROL PERMIT (Applies when located within 500 feet of a lake, river or county drain, OR excavated area is equal to or greater than 1 acre)
- ___ 11. STORM SEWER CONNECTION
- ___ 12. SANITARY SEWER TAP

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, mechanical, plumbing, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

BUILDING DEPARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

Signed: _____ Date: _____