

BUILDING PERMIT

Date: _____ / _____ / _____

Permit # _____
New residential construction, addition, and alteration

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

Job Address: _____ Property Tax ID: _____

Zoning District:(office use) _____ Permit Determinant: (office use) _____

Use Group: (office use) _____ Owner: _____ Phone () _____

Type Const: _____ Address: _____

Basic Dimensions: _____ ft. x _____ ft. Contractor: _____ Phone() _____

No. Floors: _____ Address: _____ Cell() _____

- | | | |
|---|--|----------------------------------|
| _____ Sq Ft main floor | _____ No. Bedrooms 2 nd flr | _____ No. wood burners |
| _____ Sq Ft second floor | _____ No. full baths | _____ Sq Ft porches / breezeways |
| _____ Sq Ft finished basement | _____ No. half baths | _____ Sq Ft deck |
| _____ Sq Ft unfinished basement | _____ No. fireplaces | _____ (Ft.) ceiling height |
| _____ No. Bedrooms 1 st floor | _____ No. chimneys | _____ (Ft.) building height |
| _____ Sq Ft garage (attached garage requires fire separation) | | |

~~Please supply 3 sets of plans and a digital copy if plans are from an architect~~

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS (11)

- _____ ftgs _____ X _____
- _____ " below fin grade
- _____ No. post footings
- _____ "X" "X" "
- _____ poured walls
- _____ H.C. block _____
- _____ Wood foundation
- (provide diagram)
- _____ Ft foundation wall height
- _____ "Crawl space wall height
- _____ " Egress sill height
- _____ No. basement windows
- _____ Crawl space vent openings

ROUGH-IN FRAMING (10)

- _____ Sill plate (treated)
- _____ Wall plates
- _____ Headers
- _____ Wood girder
- _____ Steel girder
- _____ Post _____ Ft. O .C.
- _____ Stud wall
- _____ Masonary
- _____ Floor joists _____ " O.C.
- _____ Ceiling joists _____ " O.C.
- _____ Rafters _____ " O.C.
- _____ Truss (diagram required)
- _____ " Floor sheathing
- _____ " Wall sheathing
- _____ " Roof sheathing
- _____ " Corner brace sheath

EXTERIOR (3)

- _____ Wood
- _____ Aluminium/Vinyl
- _____ Brick
- _____ Block

ROOFS (4)

- _____ Hip
- _____ Gable
- _____ Front overhang
- _____ Other overhang
- _____ Eavestrough
- _____ Metal
- _____ Asphalt shingles
- _____ Underlayment
- _____ Vents
- _____ Other Coverings
- _____ Attic access 22" x 30"

CHIMNEY TYPE

- _____ Brick
- _____ Block
- _____ Stone
- _____ Zero Clearance

WINDOWS (5)

- _____ No. of windows
- _____ Wood sash
- _____ Metal sash
- _____ Type
- _____ Egress/bedrooms

INSULATION (9)

- _____ " Fiberglass
- _____ " Cellulose
- _____ "Blown in fiberglass
- _____ " Foam
- _____ other
- _____ "rigid poly ure.
- _____ "rigid styro
- _____ "insul sheath
- _____ wind barrier
- _____ (mil) moisture barrier

Interior (13)

- _____ Foyer
- _____ Kitchen floor
- _____ Other floor
- _____ Drywall
- _____ Plaster
- _____ Covered ceiling
- _____ Panel wainscot
- _____ 5/8" garage fire code

BUILT-IN ITEMS (15)

- _____ Oven
- _____ Range
- _____ Disposal
- _____ Hoods/fan
- _____ Dishwasher
- _____ Refrigerator
- _____ Incinerator
- _____ Vanities
- _____ Ft. Cupboard length

**Contractor will stake 2 adjacent lot lines for First Inspection.
Sketch lot diagram on second page. Also sign permit.**

COST OF PERMIT \$ _____

PERMITS EVENTUALLY NEEDED FOR THIS PROJECT (trade permits are separate from the building permit)

Electrical Permit

yes no

Mechanical Permit

yes no

Plumbing Permit

yes no

By: _____
Building Official

Make checks payable to:

COMPLETE INFORMATION ON SECOND PAGE

BUILDING PERMIT SECOND PAGE

LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

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

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 Number (_____)	
E-mail address	Cell Phone Number (_____)	
Address:	City, State, Zip Code	
Federal ID/Social Security No.	MESC Employer No.	
License No.	Exp Date	Worker's Compensation Carrier
If exempt from any of the above, explain here:		

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

Homeowner's Affidavit and Signature

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

Agent/Contractor's Affidavit and Signature

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____

PERMIT APPLICATION CHECKLIST – (Return with Application)

Project address/location of proposed work: _____

Owner's Name: _____

Contractor's Name: _____

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

- ____ 1. * **ZONING APPROVAL DOCUMENTATION** (_____)
- ____ 2. **LOT DIAGRAM** on back of first page of application. (Required for ALL applications – NEW HOMES, ADDITIONS, INTERIOR REMODEL, GARAGES AND ACCESSORY BUILDINGS AND STRUCTURES)
- ____ 3. **BLUE PRINTS OR DRAWINGS** – wall section, foundation plan, and floor plan required on all applications. See reverse for further information. Three (3) complete sets of drawings are required with all permit applications (2 sets, Parchment, Marengo.)
- ____ 4. **MICHIGAN UNIFORM ENERGY CODE COMPLIANCE** – for all site-built, new residences, documentation must be provided demonstrating compliance with the energy code.
- ____ 5. **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...) **RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-MANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.**
- ____ 6. **PROPERTY TAX I.D. NUMBER**
- ____ 7. **SANITATION & WATER SUPPLY PERMITS** (County Health Department and/or Sewer & Water Authority)*
- ____ 8. **DRIVEWAY/SIDEWALK PERMIT** – County Road Commission, MDOT, City or Village *
- ____ 9. Is the Structure within 500 feet of water (lake, river, stream, county drain) OR is the excavated area equal to or greater than 1 acre? **YES / NO**
If YES a SOIL EROSION PERMIT IS REQUIRED.
- ____ 10. Is property located in wetlands or floodplain? **YES / NO**
No building permit may be issues if in a flood plain without DEQ* approval.
- ____ 11. **OTHER PERMITS EVENTUALLY NECESSARY:**
____ Electrical ____ Mechanical ____ Plumbing ____ Sign
Applicant or licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, 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: _____

