



# APPLICATION FOR BUILDING PERMIT

## AND PLAN EXAMINATION

RETURN COMPLETED FORM TO: BUILDING DEPARTMENT  
111 GRAND STREET  
ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI.  
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,  
MECHANICAL, AND ELECTRICAL WORK PERMITS

I PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL, MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> TWO OR MORE FAMILY                 | 6. <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT        | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE            |
| 9. <input type="checkbox"/> INDUSTRIAL       | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS                |
| 10. <input type="checkbox"/> PARKING GARAGE  | 14. <input type="checkbox"/> PUBLIC UTILITY             | 18. <input type="checkbox"/> OTHER                        |

DESCRIBE IN DETAIL PROPOSED PROJECT AND USE:

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING    2.  WOOD FRAME    3.  STRUCTURAL STEEL    4.  REINFORCED CONCRETE    5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS    7.  OIL    8.  ELECTRICITY    9.  COAL    10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY    12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY    12.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?  YES     NO    16. WILL THERE BE FIRE SUPPRESSION?  YES     NO

**F. DIMENSIONS / DATA**

	WIDTH	LENGTH	HEIGHT	
17. NUMBER OR STORIES	_____	21. FLOOR AREA:	EXISTING	ALTERATIONS
18. USE GROUP	_____	BASEMENT	_____	_____
19. CONST. TYPE	_____	1ST & 2ND FLOOR	_____	_____
20. NO. OF OCCUPANTS	_____	3RD - 10TH FLOOR	_____	_____
		11TH - ABOVE	_____	_____
		TOTAL AREA	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED \_\_\_\_\_    23. OUTDOORS \_\_\_\_\_

**VI. APPLICANT INFORMATION**

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

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/HER 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, 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 OF APPLICANT**

PLAN REVIEW FEE ENCLOSED \$ \_\_\_\_\_

BUILDING PERMIT FEE ENCLOSED \$ \_\_\_\_\_

**VII. BUILDING DEPARTMENT USE ONLY**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_

SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# BUILDING APPLICATION / ZONING

Site Plan: **(Please read carefully and complete)**. Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreage. (all sides)
  2. The location, distances to lot lines, of all existing and proposed structures.
  3. The dimensions of all existing and proposed structures.
  4. The distances between all existing structures.
  5. The location of all roads bordering or on the property.
  6. The location of any power and gas lines on property.
  7. The location of any lakes, rivers, streams, or wetland on or near property.
  8. The location of any easements on the property.
  9. A north arrow indicating the direction of north.
- 

\*\*\*\*\*Do not write below this line\*\*\*\*\*

### Required setbacks

Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Side RT. \_\_\_\_\_ Left \_\_\_\_\_

Lot width \_\_\_\_\_ ft. Lot area \_\_\_\_\_ Sq. ft. Living Area \_\_\_\_\_

Dist. Between bldgs. \_\_\_\_\_ ft. Zoning Dist. \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason Denied \_\_\_\_\_

# Ganges Township Zoning Permit Application/Permit

## 1. Required Information:

Job address: \_\_\_\_\_

Property Tax No: 0307- \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner mailing address: \_\_\_\_\_

Owner phone number: \_\_\_\_\_

Applicant (if different than owner) name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

Describe the proposed project: \_\_\_\_\_

(i.e. new house, addition, pole barn, deck, shed, pool, etc.)

Use: \_\_\_\_\_

(i.e. residential, accessory building, commercial, etc)

## 2. Site Plan:

Use the other side of this sheet or a separate sheet to draw a site plan showing all the following items:

1. Dimensions of the lot (all sides)
2. Location, distance to lot lines, of all existing and proposed structures
3. Dimensions of all existing and proposed structures
4. Distance between all existing and proposed structures
5. Location of roads, including center line and right-of-way
6. Location of utilities
7. Location of lakes, streams, creek, pond, county drain within 500 feet
8. A north arrow indicating direction of north
9. Front setback is measured from the street/road right-of-way not the center of the road

## 3. Proof of ownership:

deed, land contract, tax bill, etc

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

- Submit completed form, site plan, proof of ownership and zoning permit fee \$15.00 (make payable to Ganges Township) to:

Michigan Township Services-Allegan, Inc.

111 Grand St, Allegan MI 49010

1-800-626-5964/269-673-3239

Note: A site inspection to verify setback may be required prior to approval.

### OFFICE USE ONLY

Zoning District: \_\_\_\_\_ Zoning Approval Permit No: \_\_\_\_\_

Required regulations

Front: \_\_\_\_\_ Water \_\_\_\_\_ Rear: \_\_\_\_\_ sides: \_\_\_\_\_

Min lot width: \_\_\_\_\_ Min lot area: \_\_\_\_\_ Max lot cover: \_\_\_\_\_

Max Bldg height: \_\_\_\_\_ Min living area: \_\_\_\_\_ Min Dwell width \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Approval Signature

\_\_\_\_\_  
Approval Date

Approval Condition(s): \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Denial Signature

\_\_\_\_\_  
Denial Date

Application denied: reason(s) \_\_\_\_\_