

# 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		JOB ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	
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"/> MOBILE HOME SET-UP	5. <input type="checkbox"/> SIGN	7. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ALTERATION/REPAIR	4. <input type="checkbox"/> MANUFACTURED HOME	6. <input type="checkbox"/> ADDITION	8. <input type="checkbox"/> FOUNDATION ONLY	10. <input type="checkbox"/> OTHER
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

<b>IV. PROPOSED USE OF BUILDING</b>					
<b>A. RESIDENTIAL</b>					
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE			
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER			
<b>B. COMMERCIAL</b>					
7. <input type="checkbox"/> HOTEL/MOTEL	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> APARTMENT			
8. <input type="checkbox"/> ASSEMBLY	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"/> STORAGE	14. <input type="checkbox"/> RESTAURANT/BAR	18. <input type="checkbox"/> OTHER, SIGN			
DESCRIBE IN DETAIL PROPOSED PROJECT AND USE:					
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>					
<b>A. PRINCIPAL TYPE OF FRAME</b>					
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER	
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>					
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER	
<b>C. TYPE OF SEWAGE DISPOSAL</b>					
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			12. <input type="checkbox"/> SEPTIC SYSTEM		
<b>D. TYPE OF WATER SUPPLY</b>					
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			14. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
<b>E. TYPE OF MECHANICAL</b>					
15. <input type="checkbox"/> WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>F. DIMENSIONS/DATA</b>					
	<b>WIDTH</b>		<b>LENGTH</b>	<b>HEIGHT</b>	
17. NUMBER OR STORIES	_____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP	_____	BASEMENT	_____	_____	_____
19. CONST. TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS	_____	3RD-10TH FLOOR	_____	_____	_____
		11TH-ABOVE	_____	_____	_____
		TOTAL AREA	_____	_____	_____
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>					
22. ENCLOSED _____			23. OUTDOORS _____		

**VI. APPLICANT INFORMATION**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS			

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 of 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** ►

**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				

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

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____

# Ganges Township Zoning Permit Application/Permit

## 1. Required Information:

Job address: \_\_\_\_\_ Tax No: 0307- \_\_\_\_\_

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

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

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

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

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

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

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

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

**2. Site Plan:** Use the other side of this sheet or a separate sheet to draw a to scale 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 indicating arrow
9. Front setback is measured from the street/road right-of-way not the center of the road.
10. All setbacks are measured from the overhang.

**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 \$50.00 (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: \_\_\_\_\_

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) \_\_\_\_\_