

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Grayling Charter Township
 2090 Viking Way * P.O. Box 521
 Grayling, MI 49738

989-348-4361 * Fax: 989-348-6713 * dixongraylingtwp@yahoo.com

AUTHORITY: PA 230 of 1972, as amended COMPLETION: Mandatory to obtain permit PENALTY: Permit will not be issued	The Department will not discriminate against any individual or group because of race , sex, religion, age, national origin, color, martial status, handicap, or political beliefs.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V 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		

II. IDENTIFICATION

A. OWNER OR LESSEE		EMAIL:		
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE	

B. ARCHITECT OR ENGINEER		EMAIL:		
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE	
LICENSE NUMBER		EXPIRATION DATE		

C. CONTRACTOR		EMAIL:		
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE	
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER 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 SETUP	8. <input type="checkbox"/> PRE-MANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. PERMITS REQUIRED				
1. <input type="checkbox"/> BUILDING	2. <input type="checkbox"/> ELECTRICAL	3. <input type="checkbox"/> MECHANICAL	4. <input type="checkbox"/> PLUMBING	5. <input type="checkbox"/> FOUNDATION

VI. SITE OR PLOT PLAN - FOR APPLICANT USE

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDES THE FOLLOWING INFORMATION

NAME	ADDRESS	EMAIL
CITY	STATE	ZIP
		PHONE

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 confirm 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 subject to civil fines.

SIGNATURE OF APPLICANT
X _____

PLAN REVIEW FEE ENCLOSED _____	BUILDING PERMIT FEE ENCLOSED _____
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VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

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				

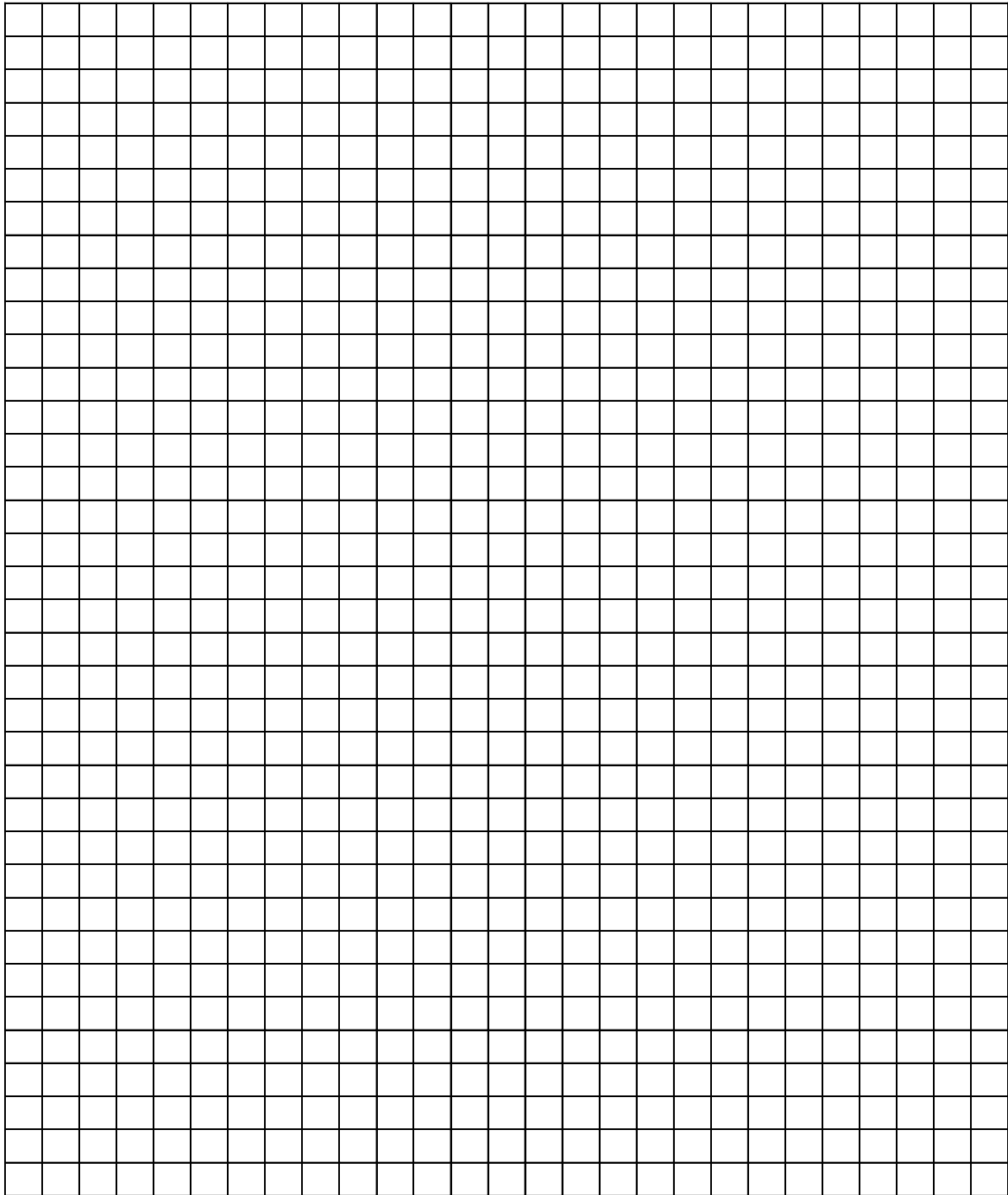
VIII. VALIDATION FOR DEPARTMENT USE ONLY

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

X _____
APPROVAL SIGNATURE

TITLE _____ DATE _____

IX. SITE OR PLOT PLAN FOR APPLICANT USE



DIRECTIONS TO SITE: