

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION  
CHARTER TOWNSHIP OF WASHINGTON, BUILDING DEPARTMENT**

57900 Van Dyke, Washington, MI 48094  
Phone (586) 786-0010 Fax (586) 786-0404  
Inspection Line (586) 786-0010 x 509

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

Authority: P.A. 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, marital 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 PERMITS**

<b>I. PROJECT INFORMATION</b>		<b>Parcel Identification No:</b>		<b>Lot No:</b>	
Type of Project (Example: home; deck; pool; etc.)			Address		
City	Village	Township	County	Zip code	
Between _____			and _____		
<b>II. IDENTIFICATION</b>					
<b>A. OWNER OR LESSEE</b>					
Name		Phone:		Cell Phone:	
Address		Fax		E-mail	
City	State		Zip Code		
<b>B. ARCHITECT OR ENGINEER</b>					
Name		Address			
City	State	Zip Code	Telephone Number		
License Number		Expiration Date			
<b>C. CONTRACTOR</b>					
Name		Address		Telephone Number	
City	State	Zip Code	Cell Number		
Builder's License Number		Expiration Date		Fax Number	
Name of License Holder		Driver's License Number		Date of Birth	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION					
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>					
<b>A. TYPE OF IMPROVEMENT</b>					
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"/> OTHER					
<b>B. REVIEWS TO BE PERFORMED</b>					
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER					

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL 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. NON-RESIDENTIAL**

7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> ATTACHED GARAGE	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

**NON-RESIDENTIAL:** 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.

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**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                      14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIRCONDITIONING  YES  NO    16. WILL THERE BE FIRE SUPPRESSION  YES  NO

**F. DIMENSIONS DATA**

	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____			
18. USE GROUP _____			
19. CONSTRUCTION TYPE _____			
20. NUMBER OF OCCUPANTS _____			
	21. FLOOR AREA		
	BASEMENT	_____	_____
	1 <sup>ST</sup> FLOOR	_____	_____
	2 <sup>ND</sup> FLOOR	_____	_____
	3 <sup>RD</sup> --10 <sup>TH</sup> FLOOR	_____	_____
Estimated Cost \$ _____	TOTAL AREA	_____	_____

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

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

**VI. APPLICANT INFORMATION**

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

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER		CELL 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**  
 X \_\_\_\_\_

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

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A. PLANNING COMMISSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B. ZONING BOARD APPEALS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C. FIRE SUPPRESSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. ROAD COMMISSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F. HEALTH DEPARTMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G. WATER & SEWER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H. WELL / 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  
 X \_\_\_\_\_

TITLE	DATE
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**IX. SITE OR PLOT PLAN – FOR APPLICANT USE**



