



Armada Township
 23121 E. Main Street, P.O. Box 578
 Armada, Michigan 48005
 Telephone: (586) 784-5200 Facsimile: (586)784-5211
 building@armadatwp.org

Cost of improvement:
\$ _____

Application for Building Permit and Plan Examination

Authority: Public Act 230 of 1972 as amended. Completion: Mandatory to obtain permit Penalty: Permit will not be issued	The building 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 sections 1, 2, 3, 4, 5 and 6. Please note separate applications must be completed for plumbing, mechanical and electrical work permits.

1. Project Description				
Project name		Address		
City	Village	Township	County	Zip
Between		and		
2. Identification				
a. Owner or lessee		Email		
Name		Address		
City	State	Zip	Phone	
b. Architect or engineer		Email		
Name		Address		
City	State	Zip	Phone	
License number		Expiration		
c. Contractor		Email		
Name		Address		
City	State	ZIP	Phone	
Builders license number		Expiration		
Federal employer ID number or reason for exemption				
Workers Comp insurance carrier or reason for exemption				
MESC employer number or reason for exemption				
3. Type of Improvement and Plan Review				
b. Type of improvement (circle one)	New building	Addition	Alteration	Repair
	Demolition	Mobile home set up	Foundation only	Pre-manufacture
	Relocation	Special inspection		
c. Reviews to be Performed				
Building	Electrical	Mechanical	Plumbing	Foundation

4. Proposed Use of Building

a. Residential (circle one)

One family	Two or more family Number of units	Hotel, motel Number of units	Attached garage	Detached garage
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Other:

b. Non-residential (circle one)

Amusement	Church, religion	Industrial	Parking garage	Service station
Hospital, institutional	Office, bank, professional	Public utility	School, library, education	Store, mercantile

Tanks, towers 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.

5. Selected Characteristics of Building

a. Principal Type of Frame

Masonry, wall bearing	Wood frame	Structural steel	Reinforced concrete	Other
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b. Principal Type of Heating Fuel

Gas	Oil	Electricity	Coal	Other
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c. Type of Sewage Disposal

Public or private company	Septic system
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d. Type of Water Supply

Public or private company	Private well or cistern
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e. Type of Mechanical

Will there be air conditioning?	Will there be fire suppression?
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f. Dimensions/data

	Floor Area	Existing	Alterations	New
No of stories: _____	Basement			
Use Group: _____	1 st and 2 nd floors			
Construction type: _____	3 rd – 10 th floors			
_____	11 th and above			
No of occupants: _____	Total area			

g. Number of Off Street Parking Spaces

Enclosed	Outdoors
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6. Applicant Information			
Applicant responsible for the payment of all fees and charges applicable to this application and must provide the following information.			
Name		Telephone	
Address	City	State	Zip
Federal ID 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 residential structure. Violators of section 23a are subject to civil fines.			
Signature of applicant:			
Plan review fee enclosed \$		Building permit fee enclosed \$	

HOMEOWNER AFFIDAVIT

I hereby certify that I am the owner of the property described on this permit application and approve the agent listed as applicant to act as my representative to file this application for Building Permit.	
Signature of Homeowner	Date

7. Local Governmental 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				

8. Validation – for Department Use Only	
Use group	Base fee
Type of construction	Number of inspections
Square feet	
Approval signature	
Title	Date