



**Building Permit Application**  
 Flushing Township  
 6524 N Seymour Rd,  
 Flushing Township, MI 48433  
 Ph: 810-659-0800 Fx: 810-659-4212  
 Office Hours: M-Th 8am-6pm (closed Friday)

Building Permit # _____
Application Date: _____
ZBA Case#: _____
SPR# _____

**Applicant to Complete all items in Sections I, II, III, V, VI, VII and VIII**  
**Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits**

**I. PROJECT OR FACILITY INFORMATION** **ALL INFORMATION MUST BE LEGIBLE**

Project Name		
Address		
Subdivision	Tax I.D. #	Lot #

**II. APPLICANT/FACILITY CONTACT INFORMATION**

**A. APPLICANT**

Name		Address	
City		State	ZIP Code
Telephone	Fax	E-mail	

**B. OWNER OR LESSEE**

Name		Address	
City		State	ZIP Code
Phone	Fax	E-mail	

**C. CONTRACTOR**

Name		Address	
City		State	Zip Code
Phone	Fax	E-mail	
Builders License Number		Expiration Date	
Federal Employer ID Number (or reason for exemption)			
Workers Comp Insurance Carrier (or reason for exemption)		Expiration Date	
Liability Insurance Name	Policy Number	Expiration Date	
UIA Number (or reason for exemption)			

**D. ARCHITECT OR ENGINEER**

Name		Address	
License Number		Expiration Date	
City		State	ZIP Code
Phone	Fax	E-mail	

**III. TYPE OF IMPROVEMENT**

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home Set-Up	<input type="checkbox"/> Premanufactured	<input type="checkbox"/> Special Inspection

**IV. PLAN REVIEW REQUIRED**

**A set of construction documents are required with each application for a permit, unless waived by the Building Official when code compliance can be determined based on the description in the application.**

**Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 sq. ft. of calculated floor area and public works less than \$15,000 in total construction costs.**

**V. PLAN REVIEW INFORMATION**

**A. RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE**

<input type="checkbox"/> One Family	<input type="checkbox"/> Townhouse-#of units _____	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Two or More Family Number of Units _____	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Other _____

**B. NON-RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN BUILDING CODE**

<input type="checkbox"/> (A-1) Assembly (Theatres, etc.) <input type="checkbox"/> (A-2) Assembly (Restaurants, Bars, etc.) <input type="checkbox"/> (A-3) Assembly (Churches, Libraries, etc.) <input type="checkbox"/> (A-4) Assembly (Indoor Sports, etc.) <input type="checkbox"/> (A-5) Assembly (Outdoor Sports, etc.) <input type="checkbox"/> (B) Business <input type="checkbox"/> (E) Education <input type="checkbox"/> (F-1) Factory (Moderate Hazard) <input type="checkbox"/> (F-2) Factory (Low Hazard)	<input type="checkbox"/> (H-1) High Hazard (Detonation) <input type="checkbox"/> (H-2) High Hazard (Deflagration) <input type="checkbox"/> (H-3) High Hazard (Combustion) <input type="checkbox"/> (H-4) High Hazard (Health Hazard) <input type="checkbox"/> (H-5) High Hazard (HPM) <input type="checkbox"/> (I-1) Institutional 1 (Supervised) <input type="checkbox"/> (I-2) Institutional 2 (Hospitals, etc.) <input type="checkbox"/> (I-3) Institutional 3 (Prisons, etc.) <input type="checkbox"/> (I-4) Institutional 4 (Day Care, etc.)	<input type="checkbox"/> (M) Mercantile <input type="checkbox"/> (R-1) Residential 1 (Hotels, Motels) <input type="checkbox"/> (R-2) Residential 2 (Multiple Family) <input type="checkbox"/> (R-3) Residential 3 (Single-Family, Child & Adult Care) <input type="checkbox"/> (R-4) Residential 4 (Assisted Living) <input type="checkbox"/> (S-1) Storage 1 (Moderate Hazard) <input type="checkbox"/> (S-2) Storage 2 (Low Hazard) <input type="checkbox"/> (U) Utility (Miscellaneous)
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**Alteration, repairs and additions** – Provide a description of work to be covered by the building permit. As examples; *20,000 sq. ft. roof covering; building a 2,300 sq. ft. addition; replace 5 exterior doors; renovate basement in residence, etc. Provide construction costs.*

**VI. BUILDING DATA**

**A. Type of Mechanical System**

Will The Building Have A Fire Suppression System?  Yes  No

<b>B. TYPE OF CONSTRUCTION</b> <input type="checkbox"/> 1A – NON-COMBUSTIBLE (PROTECTED STRUCTURAL ELEMENTS) 3 HR <input type="checkbox"/> 1B – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 2HR <input type="checkbox"/> 2A – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 1HR <input type="checkbox"/> 2B – NON-COMBUSTIBLE (NON RATED STRUCTURAL ELEMENTS)	<input type="checkbox"/> 3A – NO COMBUSTIBLES (EXTERIOR WALLS ONLY) <input type="checkbox"/> 3B – ON COMBUSTIBLE (BEARING WALLS RATED) <input type="checkbox"/> 4 – HEAVY TIMBER <input type="checkbox"/> 5A COMBUSTIBLE (STRUCTURAL ELEMENTS RATED) 1HR <input type="checkbox"/> 5B – COMBUSTIBLE (ALL ELEMENTS NOT RATED)
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**C. DIMENSIONS/DATA**

FLOOR AREA	EXISTING	ALTERATIONS	NEW
Basement	_____	_____	_____
1 <sup>st</sup> & 2 <sup>nd</sup> Floor	_____	_____	_____
3 <sup>rd</sup> – 10 <sup>th</sup> Floor	_____	_____	_____
11 <sup>th</sup> – Above	_____	_____	_____
Total Area	_____	_____	_____

**D. NUMBER OF OFF STREET PARKING**

ENCLOSED \_\_\_\_\_ OUTDOORS \_\_\_\_\_

VII. SITE OR PLOT PLAN - FOR APPLICANT USE. ATTACH ADDITIONAL SHEET IF NECESSARY

**VIII. SIGNATURE**

**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 and Flushing Township. 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 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 Owner (required)

Type or Print:

Signature of Owner's Agent (required)

Type or Print:

BUILDING PERMIT FEE ENCLOSED:  
(Based on fee schedule adopted April 1, 2008)

\$

**IX. 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	<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- SEWER	<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				

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

DEPARTMENT VALUATION:

Zoning District:

Use Group:

Square Feet:

Type of Construction:

Certificate of Occupancy Required?  YES  NO

ADMINISTRATIVE FEE	\$
ZONING REVIEW	\$
CONTRACTOR REGISTRATION	\$
PERMIT FEE	\$
PLAN REVIEW FEE	\$
SEWER TAP-IN FEE	\$
PERFORMANCE BOND	\$
ENGINEERING ESCROW	\$
CERTIFICATE OF OCCUPANCY	\$
PME	\$
OTHER	\$
ARCHIVING FEE	\$
TOTAL DUE	\$
DEPARTMENT APPROVAL SIGNATURE:	
TITLE:	DATE: