

# SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion Michigan

Telephone (517) 629-2604

Fax (517) 629-8945

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION RESIDENTIAL

**Payment must be made when Application is turned in.**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Email permit to: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Building: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Builders License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

MESC Employer Number \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

Workers Comp Insurance Carrier \_\_\_\_\_

### ARCHITECT OR ENGINEER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### TYPE OF IMPROVEMENT

\_\_\_\_ New Building    \_\_\_\_ Alteration    \_\_\_\_ Wrecking    \_\_\_\_ Foundation Only    \_\_\_\_ Relocation  
\_\_\_\_ Addition    \_\_\_\_ Repair    \_\_\_\_ Mobile Home Setup    \_\_\_\_ Pre-Manufacture

### REVIEW(S) TO BE PERFORMED

\_\_\_\_ Building    \_\_\_\_ Plumbing    \_\_\_\_ Mechanical    \_\_\_\_ Electrical    \_\_\_\_ Energy

### WRECKING- LIST TYPE OF BUILDING AND REASON:

### CHARACTERICS OF BUILDING

Dimensions: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Floor Area: 1<sup>st</sup> & 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> & above \_\_\_\_\_ Total: \_\_\_\_\_

#### **Type of Frame:**

\_\_\_\_ Masonry wall    \_\_\_\_ Wood Frame    \_\_\_\_ Structural Steel    \_\_\_\_ Reinforced Concrete    \_\_\_\_ Other

**Type Of Heating Fuel:** \_\_\_\_ Gas    \_\_\_\_ Oil    \_\_\_\_ Electricity    \_\_\_\_ Coal    \_\_\_\_ Other

**Type Of Sewage Disposal:** \_\_\_\_\_ Public or Private Company    \_\_\_\_ Septic System

**Type of Water supply:** \_\_\_\_ Public or Private Company    \_\_\_\_ Private Well

**Type of Mechanical:** \_\_\_\_ Air Conditioning    \_\_\_\_ Yes    \_\_\_\_ No

### **APPLICANT: Contractor**

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 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.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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## BUILDING FEE SCHEDULE

Schedule A		
APPLICATION FEE	(REQUIRED FOR ALL PERMITS)	\$10.00
ZONING	(INSPECTION REQUIRED)	\$40.00
ICE GUARD		\$65.00
RADON		\$65.00
ADDITIONAL INSPECTIONS		\$65.00
SIGNS		\$65.00
ACCESSORY BUILDING (GARAGES, ETC.)	2 INSPECTIONS \$130.00 plus Application fee	
PORCHES AND DECKS	2 INSPECTIONS \$130.00 plus Application fee	
POLE BUILDING	2 INSPECTIONS \$130.00 plus Application fee	

POLE BUILDING (AGRICULTURAL USE) ZONING REQUIRED (BUILDING PERMIT WILL BE DETERMINED BY INSPECTOR).

**ZONING INSPECTION WILL BE COMPLETED AND APPROVED BEFORE ANY PERMITS ARE ISSUED:**

**Construction work shall not start until the application for permit has been approved and necessary permits issued. If work is started prior to obtaining the proper permits and an addition \$100.00 to permit. All installations shall be in conformance with the Building Code.**

No work shall be concealed until it has been inspected.

*It is the obligation of the party to whom the permit was issued to obtain all inspections for the job, failure to obtain an inspection for the work will impose an additional \$100.00 late fee and notification to the State Construction Agency of any professionally licensed contractor who failed to request the required inspections for the job.*

**When ready for an inspection call the Building Inspector to set up a time to fit Your schedule and There Schedule. Provide as much advance notice as possible.**

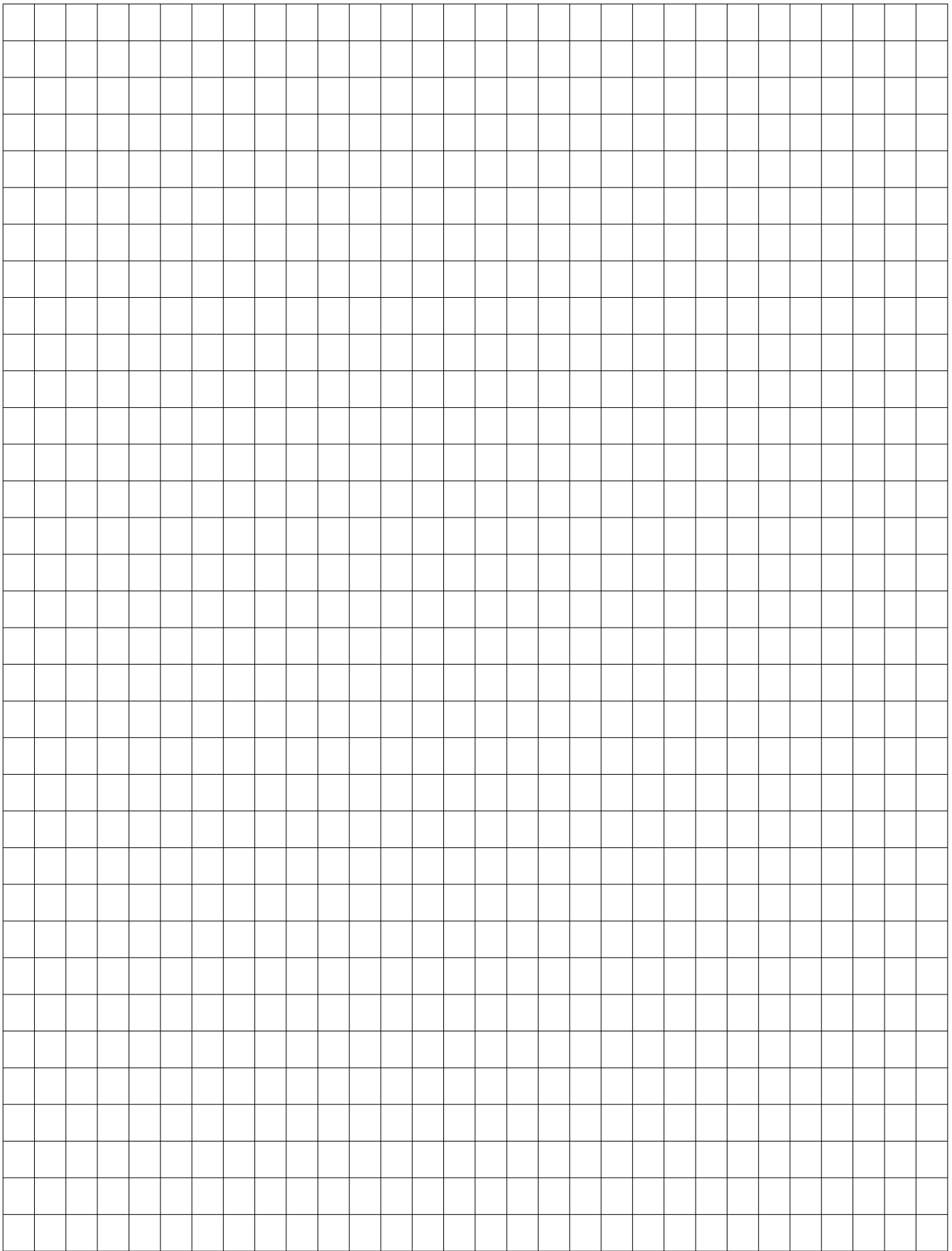
**YOU MUST PROVIDE THE ADDRESS AND PERMIT NUMBER WHEN YOU CALL.**

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

**A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITH SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

**ALL FEE'S ARE PAYABLE TO THE TOWNSHIP TREASURER AT TIME APPLICATION IS FILED.**

**EFFECTIVE: November 19, 2019**



**Indicate Direction of North Within the Circle:**

