



BUILDING PERMIT APPLICATION

8555 Kalamazoo Avenue SE
 Caledonia, MI 49316
 Ph. No. (616) 698-6640 Fax (616) 698-2490

Authority:	1972 PA 230 of 1972
Completion:	Mandatory to obtain permit
Penalty:	Permit cannot be issued

I. IDENTIFICATION

NAME OF OWNER/AGENT			
STREET ADDRESS (Street No. and Name):			
CITY	ST	ZIP CODE	
PHONE ()	CELL ()		

II. LOCATION OF PROJECT

ADDRESS (Street No. and Name):	PERMANENT PARCEL NUMBER
CITY ST ZIP	1 ST PARCEL: 41-22-
	2 ND PARCEL: 41-22

III. APPLICANT

INDICATE WHO THE APPLICANT IS	NAME	LICENSE NUMBER	EXPIRATION DATE
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner			
ADDRESS (Street No. and Name)			
CITY	ST	ZIP CODE	CELL PHONE ()
PHONE NUMBER ()			

IV. ARCHITECT

ARCHITECT OR ENGINEER	PHONE NO ()
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V. TYPE OF JOB (DESCRIPTION OF PROPOSED USE)

RESIDENTIAL:			
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Post Frame Building	<input type="checkbox"/> Manufactured Home Setup
<input type="checkbox"/> Two Family	<input type="checkbox"/> Attached Accessory Building	<input type="checkbox"/> Alteration	
<input type="checkbox"/> Other: (DESCRIBE): _____			
COMMERCIAL: (PLAN REVIEW REQUIRED):			
USE GROUP	CONSTRUCTION TYPE	SQUARE FEET	
TYPE OF IMPROVEMENT			
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> SIGN
<input type="checkbox"/> ADDITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION	
DESCRIPTION OF PROPOSED USE: _____			

Complete Application on Back

VI. APPLICATION SIGNATURE

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE.

THE APPLICANT NAMED ON THIS APPLICATION IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.

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 THE PROPOSALS SUBMITTED AND APPROVED HEREIN, AND ALL APPLICABLE LAWS OF THE CHARTER TOWNSHIP OF GAINES AND THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF LICENSEE OR HOMEOWNER

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

REQUIRED APPROVALS (TOWNSHIP TO COMPLETE)

	REQUIRED	APPROVED	APPROVED BY
ZONING SITE PLAN APPROVAL			
DRIVEWAY PERMIT			
ON-SITE SEPTIC OR PUBLIC SEWER PERMIT			
WELL/PUBLIC WATER PERMIT			
FIRE DEPARTMENT REVIEW			
SOIL EROSION AND SEDIMENTATION PERMIT			
ENERGY FORMS			
PLAN REVIEW			

BUILDING PERMIT NUMBER	APPROVAL SIGNATURE:
ISSUE DATE:	
PERMIT FEE:	

ANY COMPLETED APPLICATION SHALL BE GRANTED, IN WHOLE OR IN PART, OR DENIED WITHIN TEN (10) BUSINESS DAYS, EXCEPT IN CASE OF AN UNUSUALLY COMPLICATED BUILDING OR STRUCTURE, ACTION SHALL BE TAKEN WITHIN FIFTEEN (15) DAYS. THE TERM COMPLETED APPLICATION SHALL MEAN AN APPLICATION WHICH HAS HAD ALL REQUIRED REVIEWS AND APPROVALS, INCLUDING BUILDING PLAN REVIEW, PRIOR TO SUBMISSION TO THE BUILDING DEPARTMENT.