

**BUILDING PERMIT APPLICATION**

7227 West Q Ave, Kalamazoo MI 49009

Phone: (269) 978-0715

Email: [jmiller@texastownship.org](mailto:jmiller@texastownship.org)Web: [www.texastownship.org](http://www.texastownship.org)**PERMIT #** \_\_\_\_\_**PARCEL #** \_\_\_\_\_

Authority: 1972 PA 230. Completion: Mandatory to obtain permit. Penalty: Application must be completed, signed, and proper fee paid, or permit will not be issued.

**Applicant to Complete All Items in Sections I, II, III, IV, V, VI and VII****Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits**

I. PROJECT INFORMATION		
PROJECT NAME	ADDRESS	

II. IDENTIFICATION		
<b>A. OWNER OR LESSEE</b>		
NAME	ADDRESS	
CITY	TELEPHONE NUMBER	EMAIL ADDRESS
<b>B. ARCHITECT OR ENGINEER</b>		
NAME	ADDRESS	
CITY	TELEPHONE NUMBER	EMAIL ADDRESS
LICENSE NUMBER	EXPIRATION DATE	
<b>C. CONTRACTOR</b>		
NAME	TELEPHONE NUMBER	EMAIL ADDRESS
ADDRESS	CITY	ZIP CODE
BUILDERS LICENSE NUMBER	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		

III. TYPE OF IMPROVEMENT AND PLAN REVIEW	
<b>A. TYPE OF IMPROVEMENT</b>	
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ALTERATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> RE-ROOF
<input type="checkbox"/> POOL	<input type="checkbox"/> POOL FENCE
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> BASEMENT FINISH
<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> DECK/PORCH
<input type="checkbox"/> MANUFACTURED HOME SET-UP	<input type="checkbox"/> ACCESSORY DWELLING UNIT
<b>B. PLAN REVIEW REQUIRED</b>	
<input type="checkbox"/> Complete Building Permit Application (with plot plan showing front, side, and rear setbacks, building location, etc.)	
<input type="checkbox"/> Plans – 2 Hard Copies and 1 Electronic Copy (must be sealed if commercial or residential over 3,500 sq. ft)	
<input type="checkbox"/> All Building Plans should show square footage on each level, for example 1 <sup>st</sup> floor, 2 <sup>nd</sup> floor, garage, deck, porch etc.	
<input type="checkbox"/> Copy of Builder's License	

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"/> SERVICE STATION		15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
8. <input type="checkbox"/> CHURCH, RELIGION		12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL		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 _____
NONRESIDENTIAL - 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				
V. SELECTED CHARACTERISTICS OF BUILDING				
A. PRINCIPAL TYPE OF FRAME				
1. <input type="checkbox"/> MASONRY, WALL BEARING		2. <input type="checkbox"/> WOOD FRAME		3. <input type="checkbox"/> STRUCTURAL STEEL
4. <input type="checkbox"/> REINFORCED CONCRETE		5. <input type="checkbox"/> OTHER		
B. PRINCIPAL TYPE OF HEATING FUEL				
6. <input type="checkbox"/> GAS		7. <input type="checkbox"/> OIL		8. <input type="checkbox"/> ELECTRICITY
9. <input type="checkbox"/> COAL		10. <input type="checkbox"/> OTHER		
C. TYPE OF SEWAGE DISPOSAL				
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			12. <input type="checkbox"/> SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY				
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			14. <input type="checkbox"/> PRIVATE WELL OR CISTERN	
E. TYPE OF MECHANICAL				
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. DIMENSIONS/DATA				
17. NUMBER OF STORIES _____		2. FLOOR AREA:		
18. TOTAL HEIGHT TO PEAK _____		EXISTING                      ALTERATIONS                      NEW		
19. USE GROUP _____		BASEMENT _____		
20. CONST. TYPE _____		1ST & 2ND FLOOR _____		
21. NO. OF OCCUPANTS _____		PORCH/DECK _____		
		GARAGE _____		
		TOTAL AREA _____		
G. PROJECT COST				
_____				
The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.				

**VI. SITE PLAN or PLOT PLAN** – Applicant should indicate all proposed buildings, as well as all existing buildings, their dimensions to one another, and the dimensions to the property lines and road right of ways. Also, indicate all utilities and any public or private easements, lakes, ponds, rivers, or streams.

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

## VII. APPLICANT INFORMATION

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

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

FEDERAL I.D. NUMBER

By signing below, 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. I acknowledge and agree that it is my responsibility and the responsibility of the property owner to ensure that no part of the structure, including overhangs, porches, decks, steps, windows, columns, a/c units, or appurtenances are located or constructed within the required setback set forth in the Township's Zoning Ordinance. Violations of the Township's setback requirements will result in the failure to receive final approval, including Certificate of Occupancy, and could be extremely costly to remedy and may require that a structure be moved or restructured.

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.

Permits are valid for 180 days from the date of issuance. If work is not completed by the expiration date, you may request an extension. Extensions are granted at the sole discretion of the Building Official. A permit shall be deemed abandoned if work has not commenced within 180 days after the issuance of the permit. A permit may be closed when no inspections are requested prior to the expiration date of the permit. Closed and abandoned permits will not be refunded, and new permits shall be required should any abandoned work resume.

**SIGNATURE OF APPLICANT**

--

VIII. 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 - DRIVEWAY	<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 – SEWER CONNECTION FEE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H – WATER CONNECTION FEE	<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				

IX. VALIDATION - FOR DEPARTMENT USE ONLY
--

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	
APPROVAL SIGNATURE	
TITLE <b>Building Official</b>	DATE