



BUILDING PERMIT APPLICATION
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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				
A. OWNER OR LESSEE				
NAME	ADDRESS			
CITY	TELEPHONE NUMBER	EMAIL ADDRESS		
B. ARCHITECT OR ENGINEER				
NAME	ADDRESS			
CITY	TELEPHONE NUMBER	EMAIL ADDRESS		
LICENSE NUMBER		EXPIRATION DATE		
C. CONTRACTOR				
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				
A. TYPE OF IMPROVEMENT				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> MANUFACTURED HOME SET-UP
<input type="checkbox"/> ADDITION	<input type="checkbox"/> RE-ROOF	<input type="checkbox"/> BASEMENT FINISH	<input type="checkbox"/> DECK/PORCH	<input type="checkbox"/> ACCESSORY DWELLING UNIT
<input type="checkbox"/> POOL	<input type="checkbox"/> POOL FENCE			
B. PLAN REVIEW REQUIRED				
<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 st floor, 2 nd 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
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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
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C. TYPE OF SEWAGE DISPOSAL

11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	12. <input type="checkbox"/> SEPTIC SYSTEM
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D. TYPE OF WATER SUPPLY

13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	14. <input type="checkbox"/> PRIVATE WELL OR CISTERN
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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
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F. DIMENSIONS/DATA

17. NUMBER OF STORIES _____	2. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. TOTAL HEIGHT TO PEAK _____	BASEMENT	_____	_____	_____
19. USE GROUP _____	1ST & 2ND FLOOR	_____	_____	_____
20. CONST. TYPE _____	PORCH/DECK	_____	_____	_____
21. NO. OF OCCUPANTS _____	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.

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

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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 Building Official		DATE			