

Application for Building Permit and Plan Review

Bridgewater, Freedom, Manchester Townships & Manchester Village

734-428-7001

912 City Rd., P.O. Box 556 Manchester Mi.48158

Fax 734-428-1849

Date _____

Identification _____

(to be completed by all applicants)

Authority: P.A. 230 of 1972, as amended
Completion, Mandatory to Obtain Permit
Penalty: Permit cannot be issued

Project Address _____

Jurisdiction _____

Parcel ID # _____

Directions to site _____

Permit Number

Owner Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers _____ Fax _____ Cell phone _____

Email _____

Contractor Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers _____ Fax _____ Cell phone _____

Email _____

State of Michigan License Number _____

Architect/Engineer:

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers _____ Fax _____ Cell phone _____

Email _____

State of Michigan License Number _____

Type and Cost of Construction:

New Building _____ Addition _____ Alteration _____ Repair/ Renovation _____

Project Description _____

Cost of Project _____

Outside Dimensions _____ X _____ Stories _____

Sq. Ft. per floor 1st _____ 2nd _____ other _____ total _____

Proposed use _____

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Non Residential:

Use Group _____ Type of Construction _____ Total Occupancy _____

Characteristics Of Structure

Principal type of frame: _____ Masonry _____ Wood Frame
_____ Structural Steel _____ Reinforced Concrete
_____ Other _____

Foundation Details: _____ Basement _____ Crawlspace
_____ Walkout _____ Poured Concrete _____ Masonry Block
Basement wall Ht. _____ Permanent Wood _____ Foam Block
_____ Other _____

Type of Mechanical: _____ Nat. Gas _____ Propane _____ Prefab Fireplace
_____ Air Conditioning _____ Fuel Oil _____ Electric _____ Masonry Fireplace
_____ Elevator or lift _____ Other _____

Type of Sewage Disposal: _____ Public _____ Private (septic etc.)

Type of Water Supply: _____ Public _____ Private (Well)

Number of Bedrooms _____ Number of Bathrooms Full _____ Partial _____

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 this jurisdiction.

“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 this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines”

Signature of applicant

Address of applicant

Date

Printed Name

Telephone Number

Fax Number

Plan Review Fee _____

Manchester, Bridgewater & Freedom Townships, Manchester Village

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For Office Use Only **Items Required for Permit Issuance**

- Zoning
- 2 copies of Plans (signed and sealed for Commercial and residential over 3500 sq. ft.)
- Septic Permit
- Well Permit
- Driveway Permit or Waiver
- Copy of Deed
- 2 copies of the approved Site plan
- Soil Erosion
- Homeowner affidavit or contractor registration
- Other _____

Code _____

Use Group _____ -

Type of Construction _____

Description: _____

- | | | |
|---|---|---|
| <i>Inspections required</i> | <input type="checkbox"/> Final Electrical | <input type="checkbox"/> Rough Mechanical |
| <input type="checkbox"/> Footing | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Gas Line |
| <input type="checkbox"/> Ratwall | | <input type="checkbox"/> UG Mechanical |
| <input type="checkbox"/> Backfill | | <input type="checkbox"/> Final Mechanical |
| <input type="checkbox"/> Subsoil | <input type="checkbox"/> Rough Plumbing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rough | <input type="checkbox"/> UG plumbing | |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Sewer Inspection | Plan Review Fee _____ |
| <input type="checkbox"/> Final | <input type="checkbox"/> Final Plumbing | Permit Fee _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | C of O Fee _____ |
| | | Other _____ |
| <input type="checkbox"/> Rough Electrical | | Total _____ |
| <input type="checkbox"/> UG electrical | <input type="checkbox"/> Rough Fireplace | |
| <input type="checkbox"/> Service | <input type="checkbox"/> Final Fireplace | |

Permit Approved _____

Date _____