



# BUILDING PERMIT APPLICATION ALGOMA TOWNSHIP

10531 Algoma Ave., Rockford, MI 49341-7108  
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Permit #
Fee \$
Parcel #

### LOCATION OF BUILDING:

Address		
City	State	Zip
Development Name:	Lot or Unit#:	

### OWNER:

Name	Ph#	Fax#	
Address	City	State	Zip

### CONTRACTOR:

Name	Ph#	Fax#	Cell#
Address	City	State	Zip
License No:	Expiration Date		
Federal Employer ID # or reason for exemption:			
Workers comp. # or reason for exemption:		Insurance Carrier:	
MESC Employer # or reason for exemption:			
<input type="checkbox"/> Contact Person:	Ph#	Fax#	Cell#

### ARCHITECT OR ENGINEER:

Name	Ph#	Fax#	
Address	City	State	Zip
License #:	Expiration Date		

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, and we agree to conform to all applicable laws of Algoma Township and the State of Michigan, all information submitted on this application is accurate to the best of my knowledge.

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.

**HOMEOWNER AFFIDAVIT:**

I hereby certify the construction work described on this permit application shall be installed by myself in my own home which I am living or about to occupy. All work shall be installed in accordance with the proper State code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the appropriate Inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary inspections.

(APPLICANT'S SIGNATURE)

Contractor's Signature	Date	Homeowner's Signature
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(please use the reverse side to describe the work to be done under this application)

## BUILDING SITE & CONSTRUCTION INFORMATION

Address \_\_\_\_\_ Zone \_\_\_\_\_

Lot Size \_\_\_\_\_

### SUB-CONTRACTORS

Plumbing Cont. \_\_\_\_\_ Address \_\_\_\_\_

Mechanical Cont. \_\_\_\_\_ Address \_\_\_\_\_

Electrical Cont. \_\_\_\_\_ Address \_\_\_\_\_

Project Value \$ \_\_\_\_\_ Use Group \_\_\_\_\_

Permit For. \_\_\_\_\_ Type of Construction \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ No. of Stories \_\_\_\_\_

Set Back \_\_\_\_\_ Rear Line \_\_\_\_\_ Garage \_\_\_\_\_ Size \_\_\_\_\_

Side Line \_\_\_\_\_ Bld Sq Ft \_\_\_\_\_ Accessory Structure \_\_\_\_\_ Size \_\_\_\_\_

<b>BASEMENT AREA</b>	<b>EXTERIOR WALLS</b>	<b>INSULATION</b>	
NONE 1/4 1/2 3/4 FULL	FRAME	SIDEWALLS	REC. ROOM
FOUNDATION	VENEER	R-Value _____	FIREPLACE
CONCRETE BLK _____ IN	MASONRY	CEILING	SEWER
SOLID CONCRETE _____ IN		R-Value _____	WELL WATER
OTHER	<b>INTERIOR FINISH</b>	ROOF	CITY WATER
	B      1      2	R-Value _____	
<b>FLOOR CONST</b>	DRY WALL	BSMT.	<b>AUTO HEAT</b>
BSMT.	PANEL	1ST.	AIR
1ST	MASONRY	2ND	WATER
2ND	PLASTER	<b>ROOFING</b>	STEAM
	OTHER		<b>NO. ROOMS</b>
			Bed Rms _____
			Total Rms _____
			<b>USE OF BLDG</b>

**EXPIRATION:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced. The Building Official is authorized to grant, in writing, one or more extensions of time, for periods not more than six months each. The extension shall be requested in writing and justifiable cause demonstrated.

### MUST SUBMIT WITH APPLICATION - IF APPLICABLE

1. A site plan of the parcel which shows existing and proposed buildings.
2. Two complete sets of plans of the new construction.
3. Septic permit, Well permit, Driveway permit, and Soil Erosion permit.
4. Truss design data sheet or Truss design drawings.