

Date _____

Permit # _____

**Building Permit Application
Ash Township
1677 Ready Road
P.O. Box 387, Carleton, Mi 48117
(734) 654-6992 ext 4**

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Permit Applications Must be completed for Plumbing, Mechanical and Electrical Work

I. Project Information			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	PARCEL #
DIRECTIONS TO PROPERTY			Zoned:
II. Identification			
A. Owner			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
<p>HOMEOWNERS AFFIDAVIT: I hereby certify that the work described on this permit application shall be installed by myself in my home in which I am living or about to occupy. All work shall be installed in accordance with the state code and shall not be enclosed, covered up or put into use until it has been inspected and approved by the inspector and assume responsibility to arrange for necessary inspections.</p> <p>I thereby assume the responsibility of complying with the appropriate codes and circumstances, and assume responsibility for obtaining approval of installation and calling for inspections. I understand that it is necessary to obtain a final approval before occupying or using this installation. A Certificate of Occupancy or Temporary Certificate of Occupancy must be applied for on the appropriate forms.</p> <p>Be advised that the owner/applicant is responsible to inform any sub-contractors if the fees have been pre-paid. Further, NO REFUNDS will be issued on any duplicate permits.</p> <p><i>SIGNATURE OF OWNER</i> _____</p>			
B. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
BUILDERS LICENSE NUMBER		EXPIRATION DATE	CELL PHONE NUMBER
NAME OF LICENSEE		FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION	
<p>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.</p>			
<div style="border: 3px double black; padding: 5px; background-color: yellow;"> <p>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.</p> </div>			
<p><i>Signature of Applicant</i></p>			

III. Type of Improvement

A. Type

NEW BUILDING	ALTERATION	DEMOLITION	DECK	SWIMMING POOL
ADDITION	ACCESSORY BUILDING	MOBILE HOME	POND	OTHER

B. Description of Improvement

Describe below the improvement being installed

IV. Proposed Use of Building

A. Residential

ONE FAMILY	POLE BARN	DETACHED GARAGE
TWO OR MORE FAMILY	ATTACHED GARAGE	OTHER

B. Non-Residential

AMUSEMENT	SERVICE STATION	SCHOOL, LIBRARY, EDUCATIONAL
CHURCH, RELIGION	HOSPITAL, INSTITUTIONAL	STORE, MERCANTILE
INDUSTRIAL	OFFICE, BANK PROFESSIONAL	TANKS, TOWERS
PARKING GARAGE	PUBLIC UTILITY	OTHER

NON-RESIDENTIAL – 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 USE.

V. Selected Characteristics of Building

A. Principal Type of Frame

MASONRY, WALL BEARING	WOOD FRAME	STRUCTURAL STEEL	REINFORCED CONCRETE	OTHER
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B. Type of Sewage Disposal

PUBLIC OR PRIVATE COMPANY	SEPTIC SYSTEM
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C. Type of Water Supply

MUNICIPAL	PRIVATE WELL OR CISTERN
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D. Dimensions / Data

		FLOOR AREA	EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES _____	BASEMENT _____	_____	_____	_____	_____
USE GROUP _____	1 ST & 2 ND FLOOR _____	_____	_____	_____	_____
CONSTRUCTION TYPE _____	3 RD – 10 TH FLOOR _____	_____	_____	_____	_____
NO. OF OCCUPANTS _____	11 TH - ABOVE _____	_____	_____	_____	_____
	TOTAL AREA _____	_____	_____	_____	_____

VI. Property Information

PARCEL NUMBER

PROPERTY ZONED

LOT SIZE (DIMENSIONS)

VII. Local Governmental Agency to Complete This Section**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?		APPROVED/NOT APPROVED	DATE	BY	
A - ZONING	YES	NO				
B - WATER SUPPLY	YES	NO				
C - SEPTIC SYSTEM	YES	NO				
D - VARIANCE GRANTED	YES	NO				
E - OTHER	YES	NO				

VIII. Permit Fee Schedule

****IF YOU WOULD LIKE A COPY OF YOUR PERMIT, PLEASE INCLUDE A SELF ADDRESSED ENVELOPE WITH A RETURN STAMP.****

- All permits require a \$50.00 non-refundable Application Fee.
- There is a \$35.00 annual Contractor Registration.
- There will be a **DOUBLE PERMIT FEE** assessed for all requested inspections prior to obtaining appropriate permits, and/or work done without the benefit of required permits.
- Certificate of Occupancy is a separate application.
- Residential Plan Review on structures over 3500 sq ft requires an additional plan review fees.
- An inspection outside of normal business hours (minimum charge of two hours) is \$55.00 per hour.
- Inspections for which no fee is specifically indicated (minimum charge of one hour) is \$55.00 per hour
- When an outside consultant is used for plan checking and inspections extra fees may apply.
- Ash Township Building Department accepts the following methods of payment: Cash, Check, or Money Order.

ONLY THE PERMIT APPLICANT MAY REQUEST INSPECTIONS

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO MAKE ARRANGEMENTS FOR INSPECTIONS

ASH TOWNSHIP ENFORCES THE MICHIGAN RESIDENTIAL CODE 2015 AND THE MICHIGAN BUILDING CODE 2015

ESTIMATED VALUE:	ASH TOWNSHIP CALCULATED VALUE:
APPLICATION FEE:	OTHER:
REGISTRATION FEE:	PERMIT FEE TOTAL:
BASE FEE:	
APPROVED: _____ DATE _____	DENIED: _____ DATE _____

VI. Expiration of Permit

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTH OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**