



APPLICATION FOR BUILDING PERMIT

Oronoko Charter Township
 4583 E Snow Rd
 Berrien Springs, MI 49103
 269-471-2824

Village of Berrien Springs
 112 N Cass Street
 Berrien Springs, MI 49103
 269-473-6921



Contractor

Owner

Submit

Authority: P.A. 230 of 1972, as amended Completion: Mandatory to obtain permit Penalty: Failure to provide the information may result in denial of your request.	The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status handicap or political beliefs. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Applicant must complete all sections. Separate applications are required for Zoning, Electrical, Mechanical, and Plumbing. A Certificate of Occupancy will be issued upon completion of all final inspections upon request.

I. Project Information Application Date

Project Name		Address/Street	
Lot Size	Village	Township Oronoko Charter Township	Zip Code
Cross Street Between		And	Job Site Phone Number:

II. Identification Parcel Identification Number 11- - - - -

A. Owner or Lessee Email Address:

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

B. Architect or Engineer

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
LICENSE NUMBER			EXPIRATION DATE

C. Contractor

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
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 JOB

A. Type of Improvement: _____	Total Cost: _____
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<input type="checkbox"/> New Home	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roof	<input type="checkbox"/> Deck
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Pre-Manufactured	<input type="checkbox"/> Other

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B. Plan Review Required Yes or No *Plan review required with a value of work over \$50,000 or a size of 3500+ sq ft

Minimum Inspection(s) to be Performed

<input type="checkbox"/> Footing	<input type="checkbox"/> Foundation wall	<input type="checkbox"/> Rough Framing	<input type="checkbox"/> Final	<input type="checkbox"/> Demolition
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IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL (if demolition, show most recent use)

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> HOTEL, MOTEL # OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> ATTACHED GARAGE

B. NON-RESIDENTIAL (Commercial Construction must submit a site plan review)

<input type="checkbox"/> HOSPITALITY	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> STORE, MERCANTILE
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> TANKS, TOWERS
<input type="checkbox"/> PARKING GARAGE	<input type="checkbox"/> PUBLIC UTILITY	<input type="checkbox"/> OTHER

C. Project Description:

V. SELECTED CHARACTERISTICS OF BUILDING

A. Principal Type of Frame

Masonry (III) Wood Frame (V*) Structural Steel (I*) Reinforced Concrete/ICF (I*) Log/Other (IV)

B. Principal Type of Foundation

Full Crawl Space None

Slab on Grade Block Foundation Poured Foundation Other Explain _____

C. PRINCIPAL TYPE OF HEATING FUEL

Gas/Propane Oil Electricity Wood/Pellet Other

D. Sewage Disposal

Public or Private Company or on-site Septic

E. Water Supply

Public or Private Company or Private Well

F. Mechanical

Will there be air conditioning? Yes or No Will there be Fire Suppression? Yes or No

G. Number of Off Street Parking Spaces

_____ Enclosed _____ Outdoor

H. Dimensional Data

NUMBER OF STORIES _____	FLOOR AREA:	EXISTING	ALTERATIONS	NEW
Building Dimensions _____	BASEMENT _____	_____	_____	_____
# of Bathrooms _____	1ST & 2ND FLOOR _____	_____	_____	_____
# of Bedrooms _____	3RD-4TH FLOOR _____	_____	_____	_____
# of Occupants _____	TOTAL AREA _____	_____	_____	_____

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VI. APPLICANT INFORMATION

Applicant is responsible for the 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 / SOCIAL SECURITY NUMBER			

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 application as his/her authorized agent. We agree to conform to all applicable laws of the state of Michigan and Oronoko Charter Township or the Village of Berrien Springs (as applicable). All information submitted on this application is accurate to the best of my knowledge.

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.

Signature of Owner: _____ **Print name:** _____

Signature of Applicant: _____ **Print name:** _____

Plan Review Fee Enclosed \$ _____ **Building Permit Fee Enclosed \$** _____
AN ADDITIONAL 50% OF THE PERMIT FEE (\$100.00 Minimum) WILL BE CHARGED IF WORK IS STARTED BEFORE THE PERMIT THE PERMIT IS OBTAINED.

VII. Local Governmental Agency To complete this section

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	___ YES ___ NO				
B - Water Supply	___ YES ___ NO				
C - Septic/Sewer System	___ YES ___ NO				
D - Soil Erosion	___ YES ___ NO				
E - Variance Granted	___ YES ___ NO				
F - Flood Plain	___ YES ___ NO				
G - High Risk Erosion Area	___ YES ___ NO				
H - 911 Address	___ YES ___ NO				
I - Fire District	___ YES ___ NO				
J - BCRC or DOT access	___ YES ___ NO				
K - Other	___ YES ___ NO				

VIII. Validation – For Department Use Only

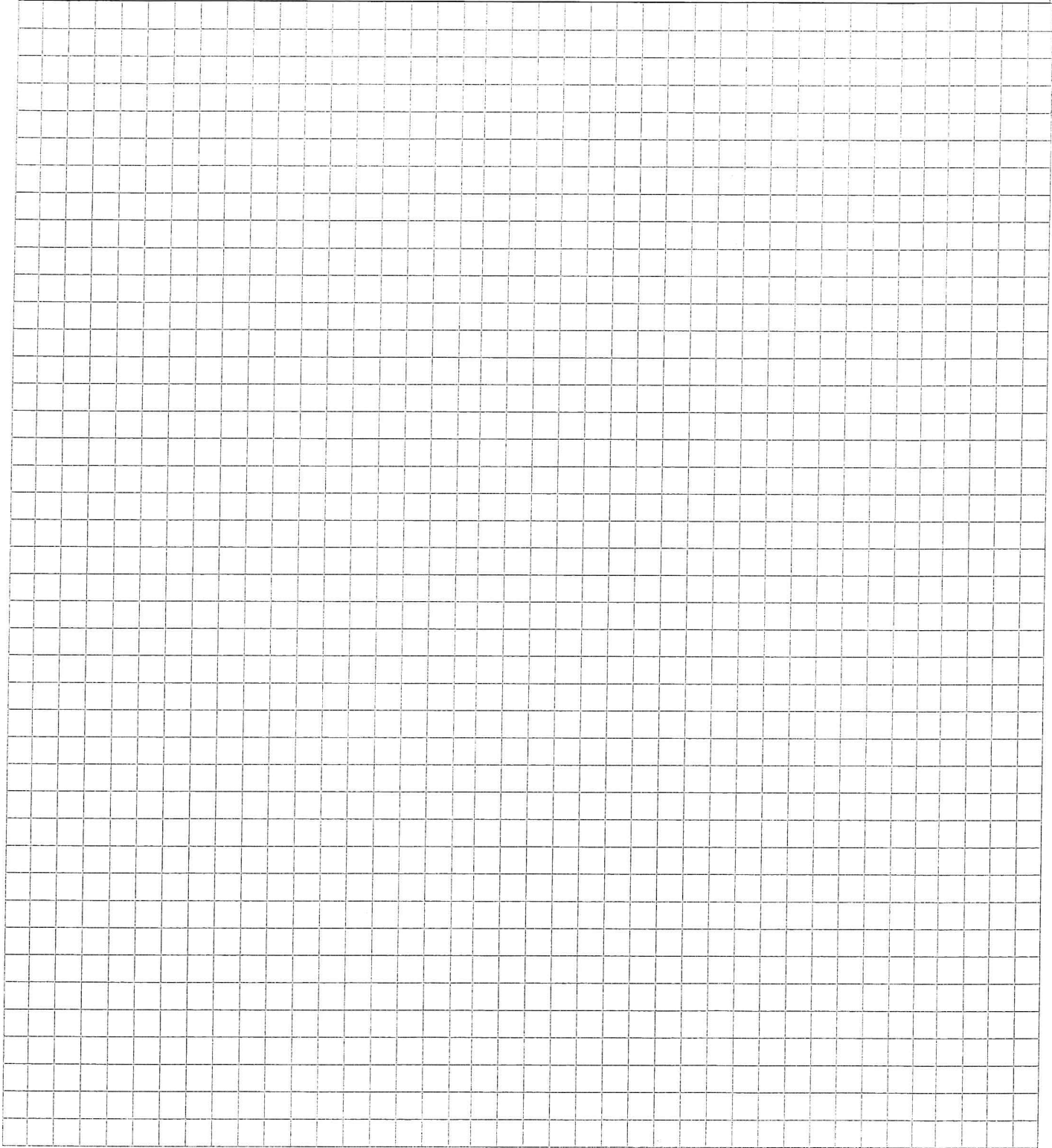
USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____	Application Fee (non-refundable): _____ Number of Inspections: _____ Total Permit Fee: _____ Permit Number: _____
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Notes and Data

APPROVAL SIGNATURE	DATE
TITLE	

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IX. SITE OR PLOT PLAN - FOR APPLICANT USE

A large grid of graph paper, consisting of approximately 30 columns and 40 rows of small squares, intended for drawing a site or plot plan.

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 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.**