

KEELER TOWNSHIP

RESIDENTIAL BUILDING PERMIT APPLICATION

DATE:

JOB LOCATION:

TAX ID #:

PROPERTY OWNER:

OWNER ADDRESS:

PHONE:

EMAIL:

NAME OF APPLICANT:

TYPE OF PROJECT

NEW RESIDENCE SF/MF ADDITION REMODEL GARAGE A/D POLE BLDG
MODULAR MOBILE HOME SET-UP DECK SHED/CARPORT SOLAR ARRAY
WINDOW SIDING ROOFING POOL OTHER

DESCRIBE PROJECT:

CONSTRUCTION DETAILS

FOUNDATION: FULL BASEMENT CRAWL SPACE SLAB POLE

FLOORS: TRUSS JOIST 2X AT INCHES ON CENTER

WALLS: 2X AT INCHES ON CENTER

ROOF: TRUSS RAFTERS 2X AT INCHES ON CENTER

MEETS 50LB GROUND SNOW LOAD REQUIREMENT? YES NO

TOTAL SQUARE FOOTAGE INCLUDING GARAGE:

OF BEDROOMS # OF BATHROOMS # OF ½ BATHS

EXTERIOR SIDING MATERIAL:

VINYL BRICK WOOD ENGINEERED PRODUCT METAL COMBINATION

ESTIMATED CONSTRUCTION COST:

NOTE: STATED BUILDING COST WILL BE CHECKED AGAINST THE CURRENT ICC BUILDING VALUATION DATA TABLE.

PERMIT FEES WILL BE CALCULATED AND QUOTED ACCORDINGLY.

WHO WILL BE DOING THE WORK? HOMEOWNER CONTRACTOR

NOTICE TO HOMEOWNER: SECTION 23a OF THE STATE CONSTRUCTION CODES ACT OF 1972, ACT NO. 230 OF PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO PERFORM WORK ON RESEIDENTIAL BUILDINGS OR STRUCTURES. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

HOMEOWNER’S AFFIDAVIT:

I HERBY CERTIFY THE WORK DESCRIBED ON THIS APPLICATION SHALL BE INSTALLED BY MYSELF, IN MY SINGLE-FAMILY DWELLING, IN WHICH I AM NOW LIVING OR AM ABOUT TO OCCUPY. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH ALL CURRENT CODES AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE BUILDING INSPECTOR. I WILL COOPERATE WITH THE INSPECTOR AND ASSUME ALL RESPONSIBILITY TO ARRANGE FOR THE NECESSARY INSPECTIONS AND WORK PERFORMED.

HOMEOWNER’S SIGNATURE:

DATE:

CONTRACTOR INFORMATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

PHONE:

CELL PHONE:

MI BUILDER’S LICENSE#

EXPIRES:

FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION:

MESC EMPLOYER # OR REASON FOR EXEMPTION:

INSURANCE CARRIER:

EXPIRES:

CONTRACTOR AFFIDAVIT:

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. WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION ON THIS APPLICATION IS TRUE, AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

CONTRACTOR SIGNATURE:

DATE:

INSPECTION REQUESTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE

MINIMUM INSPECTIONS REQUIRED: FOOTING, FRAMING AND FINAL/OCCUPANCY