



APPLICATION FOR BUILDING PERMIT

Macomb Township

Building Department

54111 Broughton Road, Macomb, Michigan 48042

Phone (586) 992-0710

Fax (586) 992-0720

building@macomb-mi.gov

www.macomb-mi.gov

BUILDING AND ZONING DEPARTMENT

Joseph G. Maples

Building Official

*PLANS ARE APPROVED SUBJECT TO COMPLIANCE WITH MACOMB TOWNSHIP ORDINANCES WHETHER MARKED OR NOT.
NOTE: ALL REQUIRED PERMITS MUST ACCOMPANY THIS SUBMISSION. APPLICATION FEES ARE NON-REFUNDABLE.

Project Address		Subdivision		Lot Number
Property Owner			Address	
City	State	Zip	Phone Number	
Contractor/Applicant Name			Driver's License Number	
Contractor/Homeowner Address		City	State	Zip Code
Phone Number	Builder's License Number		Expiration Date	
Email Address				

Type of Project

- | | | | | |
|--|--------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Accessory Bldg | <input type="checkbox"/> Bsmt Finish | <input type="checkbox"/> Duplex | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Roofs |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Commercial | <input type="checkbox"/> Fence | <input type="checkbox"/> Pergola | <input type="checkbox"/> Sign / Ground |
| <input type="checkbox"/> Alteration/Repair | <input type="checkbox"/> Concrete | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Pier Footings | <input type="checkbox"/> Sign / Wall |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Deck | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Pool/Above Grd | <input type="checkbox"/> Single Family Home |
| <input type="checkbox"/> Attach Townhouse | <input type="checkbox"/> Demolition | <input type="checkbox"/> Industrial | <input type="checkbox"/> Pool/Inground | |
- Other Description: _____ Estimated Cost \$ _____

I hereby certify that the proposed work is authorized by the owner and that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws of the State of Michigan and Macomb Township. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the state construction code act 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 subject to civil fines.

Homeowner Affidavit

I hereby certify that the work described above shall be installed by myself in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Building Code 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 Building Inspector and assume responsibility to arrange for necessary inspections.

Signature of Homeowner/Contractor	Date
-----------------------------------	------

****DO NOT WRITE BELOW THIS LINE****

<p>Township Plan Code: _____</p> <p>Ind/Comm: 1st _____ sq.ft. 2nd floor _____ sq.ft. Total sq. ft. _____</p> <p>Res. Living Area: 1st Flr _____ 2nd Flr _____ Total sq. ft. _____</p> <p>Garage: _____ Bsmt: _____ Other: _____</p> <p>Description/Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>App. No. _____ Occupancy Load: _____ Constr. Type _____</p> <p>Use Group: _____ Sprinkler System: Yes _____ No _____</p> <p>Building Director: _____ Date _____</p>	<p>Before permit is issued, approval must be obtained from the following:</p> <p>Soil Erosion Permit: _____</p> <p>Engineering Fee: _____</p> <p>Project Valuation: _____</p> <p>Permit Fee: _____</p> <p>Approach Permit Required: _____</p> <p>Plan Review Fee: _____</p> <p>Plan Review Adjustment Fee: _____</p> <p>Total Fee Due: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--