

BUILDING PERMIT APPLICATION

Zoning approval is required prior to issuance of a building permit

*Separate applications must be completed for plumbing,
mechanical & electrical permits.*

Building Department
263 Northland Drive
Rockford, MI 49341
(616) 863-9294
(800) 442-2794

Chester Township
3509 Sehler Street.
P.O. Box 115
Conklin, MI 49403
(616) 899-5544
mail@chester-twp.org

I. PROJECT INFORMATION

PROJECT NAME	ADDRESS		
BETWEEN	AND		
PERMANENT PARCEL NUMBER	ZONE DISTRICT		

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER

B. ARCHITECT OR ENGINEER

NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER
LICENSE NUMBER	EXPIRATION DATE		

C. CONTRACTOR

NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER
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 IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home Set Up	<input type="checkbox"/> Premanufactured	<input type="checkbox"/> Special Inspection

B. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for alterations and repair work determined by the Building Inspector to be of a minor nature. Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission Number _____

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

<input type="checkbox"/> One Family <input type="checkbox"/> Two or More Families No. of Units _____	<input type="checkbox"/> Hotel, Motel No. of Units _____ <input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage <input type="checkbox"/> Other _____
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B. NON-RESIDENTIAL

<input type="checkbox"/> Amusement <input type="checkbox"/> Church/Religion <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility	<input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Store, Mercantile <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other _____
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NON-RESIDENTIAL-Describe in detail proposed use of building. If use of an 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 _____

B. PRINCIPAL TYPE OF HEATING FUEL

Gas Oil Electricity Coal Other _____

C. TYPE OF SEWAGE DISPOSAL

Public or Private Company Septic System

D. TYPE OF WATER SUPPLY

Public or Private Company Private Well or Cistern

E. TYPE OF MECHANICAL

Will there be Air Conditioning? Yes No Will there be Fire Suppression? Yes No

F. DIMENSIONS/DATA

	<u>FLOOR AREA:</u>	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	_____	_____	_____
Storage Space _____ <small>A minimum of 200 sq ft of enclosed storage is required for new homes. This may include basement, shed, garage, etc., but not closets.</small>	Total Area	_____	_____	_____
Roof Pitch _____				
Length of Driveway _____				

G. NUMBER OF OFF STREET PARKING SPACES

Enclosed _____ Outdoors _____

VI. APPLICANT INFORMATION & FEE SCHEDULE

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

NAME		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			

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.

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 person who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

Signature of Applicant _____

Zoning Approval _____

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Building Permit Fee Schedule		
<i>Approximate value of project:</i>		
Base Fee for buildings up to \$1000 in value	\$53.00	
For each additional \$100 in value (up to \$10,000) add	1.00	
Base fee for buildings over \$10,000 in value	143.00	
For each additional \$1000 in value add	3.00	
TOTAL		
Additional inspections, reinspections or hourly inspections will be charged at a rate of \$50.00.		

MAKE CHECKS PAYABLE TO "CHESTER TOWNSHIP"

IX. Instructions for Completing Application

General: Work shall not be started until the application for permit has been filed. All work shall be in conformance with the Michigan Building Code. When ready for an inspection, call Imperial Municipal Services at 1-800-442-2794 or 616-863-9294. The inspector will need the job location and permit number.

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 CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

Authority: 1972 PA230
 Completion: Mandatory to obtain permit
 Penalty: Permit can not be issued

Chester Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Site Plan

Parcel Number _____

Please provide the following information:

1. Dimensions of the lot or acreage
2. Location, with distances to lot lines, of all existing and proposed structures
3. Dimensions of all existing and proposed structures.
4. Distances between all existing and proposed structures
5. Location of all roads bordering or on the property
6. Location of any easements on the property
7. Location of any bodies of water, wetlands or floodplains