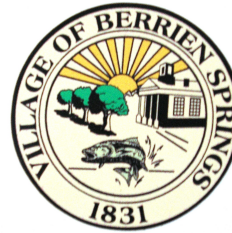




# APPLICATION FOR BUILDING PERMIT

**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: \_\_\_\_\_

<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

# APPLICATION FOR BUILDING PERMIT

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<b>B. Plan Review Required</b> ____ Yes or ____ No    *Plan review required with a value of work over \$50,000, Sealed drawings required for a residential size of 3500+ sq ft and all Commercial Projects																								
<b>Minimum Inspection(s) to be Performed</b>																								
<input type="checkbox"/> Footing	<input type="checkbox"/> Foundation wall	<input type="checkbox"/> Rough Framing	<input type="checkbox"/> Final	<input type="checkbox"/> Demolition																				
<b>IV. PROPOSED USE OF BUILDING</b>																								
<b>A. RESIDENTIAL (if demolition, show most recent use)</b>																								
<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>B. NON-RESIDENTIAL (Commercial Construction must submit a site plan review)</b>																								
<input type="checkbox"/> HOSPITALITY <input type="checkbox"/> CHURCH, RELIGION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> PARKING GARAGE		<input type="checkbox"/> SERVICE STATION <input type="checkbox"/> HOSPITAL, INSTITUTIONAL <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																				
<b>C. Project Description:</b>																								
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>																								
<b>A. Principal Type of Frame</b>																								
<input type="checkbox"/> Masonry (III)	<input type="checkbox"/> Wood Frame (V*)	<input type="checkbox"/> Structural Steel(I*)	<input type="checkbox"/> Reinforced Concrete/ICF(I*)	<input type="checkbox"/> Log/Other (IV)																				
<b>B. Principal Type of Foundation</b> ____ Full    ____ Crawl Space    ____ None																								
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Block Foundation	<input type="checkbox"/> Poured Foundation	<input type="checkbox"/> Other	Explain																				
<b>C. PRINCIPAL TYPE OF HEATING FUEL</b>																								
<input type="checkbox"/> Gas/Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood/Pellet	<input type="checkbox"/> Other																				
<b>D. Sewage Disposal</b> ____ Public or Private Company or ____ on-site Septic																								
<b>E. Water Supply</b> ____ Public or Private Company or ____ Private Well																								
<b>F. Mechanical</b> Will there be air conditioning? ____ Yes or ____ No    Will there be Fire Suppression? ____ Yes or ____ No																								
<b>G. Number of Off Street Parking Spaces</b> ____ Enclosed    ____ Outdoor																								
<b>H. Dimensional Data</b>																								
NUMBER OF STORIES    ____ Building Dimensions    ____ # of Bathrooms    ____ # of Bedrooms    ____ # of Occupants    ____		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FLOOR AREA:</th> <th style="text-align: center;">EXISTING</th> <th style="text-align: center;">ALTERATIONS</th> <th style="text-align: center;">NEW</th> </tr> <tr> <td>BASEMENT</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>1ST &amp; 2ND FLOOR</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3RD-4TH FLOOR</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>TOTAL AREA</b></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			FLOOR AREA:	EXISTING	ALTERATIONS	NEW	BASEMENT	_____	_____	_____	1ST & 2ND FLOOR	_____	_____	_____	3RD-4TH FLOOR	_____	_____	_____	<b>TOTAL AREA</b>	_____	_____	_____
FLOOR AREA:	EXISTING	ALTERATIONS	NEW																					
BASEMENT	_____	_____	_____																					
1ST & 2ND FLOOR	_____	_____	_____																					
3RD-4TH FLOOR	_____	_____	_____																					
<b>TOTAL AREA</b>	_____	_____	_____																					

# APPLICATION FOR BUILDING PERMIT

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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

TITLE

DATE

# APPLICATION FOR BUILDING PERMIT

## IX. SITE OR PLOT PLAN - FOR APPLICANT USE

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

**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.**