



# Building Permit Application

730 W. Dryden Road ~ Metamora, MI 48455 ~ (810) 678-2237

Email: [Building@metamoratownship.com](mailto:Building@metamoratownship.com)

Fax: 810-678-3209

Job Site _____	N	S	E	W	Side of the Road _____
Cross Roads _____	and _____				
Parcel I.D. # _____	Lot Size/Acreage _____				

**Permit To:**  
 New          
 Addition          
 Alter/Remodel          
 Demo/Raze          
 Code Compliance

Other (describe): \_\_\_\_\_

**Permit To:**

<input type="radio"/> Single-Family Dwelling	<input type="radio"/> Single-Family w/attached Garage
<input type="radio"/> Addition	<input type="radio"/> Pre-Manufactured <input type="radio"/> Attached Garage
<input type="radio"/> Detached Garage	<input type="radio"/> Garage w/Breezeway <input type="radio"/> multi-Family
<input type="radio"/> Pole Bldg./Accessory Bldg.	<input type="radio"/> Deck/Porch/Awning <input type="radio"/> Sign - Ground or Wall
<input type="radio"/> Pool - Above Ground	<input type="radio"/> Pool - In ground <input type="radio"/> Carport
<input type="radio"/> Commercial/Industrial	<input type="radio"/> Other: _____

<u>Foundation Type:</u>	<u>Construction Information:</u>	<u>Required Permits:</u>
<input type="radio"/> Basement Block/Foam	Commercial Sq Ft _____	<input type="radio"/> Septic _____
<input type="radio"/> Basement Poured	Dimensions _____	<input type="radio"/> Sewer _____
<input type="radio"/> Basement Wood/Steel	Deck Square Footage _____	<input type="radio"/> Driveway _____
<input type="radio"/> Reinforced Mat	Accessory Building Sq. Ft. _____	<input type="radio"/> Soil Erosion _____
<input type="radio"/> 42" Footing (Pole)	Building Height _____	<input type="radio"/> Flood Plain _____
<input type="radio"/> 42" Footing (Trench/Spread)	Living Area Sq. Ft. _____	<input type="radio"/> Well _____
<input type="radio"/> Crawl Space Block	Garage Sq. Ft. _____	<input type="radio"/> Wetlands _____
<input type="radio"/> Crawl Space Wood	Number of Stories _____	<input type="radio"/> <b>Energy Code Calc. See Pg 4</b>
<input type="radio"/> Piers	Number of Bedrooms _____	<b>Estimated Value of Construction:</b> \$ _____
<input type="radio"/> Existing	Number of Bathrooms _____	
<input type="radio"/> OTHER _____	Masonry Fireplace _____	
	Masonry Exterior Finishes _____	

***BOX BELOW FOR OFFICE USE ONLY***

Plan Review: <input type="radio"/> YES <input type="radio"/> NO	Date _____	No. of Inspections _____
Use Group _____	Construction Type _____	Occupancy Load _____
PERMIT APPROVED BY: _____	DATE: _____	
Remarks _____		

**NOTICE**

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN THIS PERMIT WITHIN SIX (6) MONTHS OF THE APPLICATION DATE OR THE PRINT(S) AND APPLICATION WILL BE DISCARDED. ARRANGEMENTS MAY BE MADE FOR SPECIAL CIRCUMSTANCES.

PLEASE INITIAL \_\_\_\_\_

**Due to the potential for a utility hazard, the following information MUST be provided:**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Will footings be trenched near poles, guy wires, anchors?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Will any structure be built under or near overhead lines?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Are there any overhead or underground wires on site?   | <input type="radio"/> YES | <input type="radio"/> NO |
| 4. Will any wells be drilled under or near overhead wires?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Will any antenna be erected on property which would be in conflict with power lines in a standing or free-falling situation? | <input type="radio"/> YES | <input type="radio"/> NO |
| 6. Will any trees be cut which are in proximity of overhead wires?  | <input type="radio"/> YES | <input type="radio"/> NO |

*If you answered YES to any of the above questions, you must contact your local utility company.*

- THE PROPERTY OWNER OR CONTRACTOR COULD HAVE PERSONAL LIABILITY IN THE EVENT OF INJURY OR FATALITY INVOLVING CONSTRUCTION CLOSE TO EDISON LINES.
- THE PROPERTY OWNER OR CONTRACTOR MUST CONTACT **MISS DIG 1-800-482-7171**
- NORMAL LEAD TIME REQUIRED IN RELOCATING EDISON FACILITIES, OR PROVIDE A LINE EXTENSION IS SIX (6) WEEKS AFTER ALL RIGHT - OF - WAY OR OTHER AGREEMENT AND ANY PAYMENTS HAVE BEEN FINALIZED WITH THE PROPERTY OWNER.

***The Detroit Edison Company maintains electric distribution facilities in this area. They will provide electric service subject to the rules of the Michigan Public Service Commission in effect at that time.***

**PROPERTY OWNER INFORMATION (please print)**

Property Owner Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Driver's License # \_\_\_\_\_ or Date of Birth \_\_\_\_\_

*Property Owner Affidavit:* I hereby certify that the work described on this permit application shall be installed in accordance with the State Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for the necessary inspections.

**Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring of circumvent the licensing requirements of the 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.**

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACTOR/AGENT INFORMATION (please print)**

Contractor Name on License \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contractor License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal I.D. Number (or reason for exemption) \_\_\_\_\_

Workman's Comp. Carrier (or reason for exemption) \_\_\_\_\_

MESC Number (or reason for exemption) \_\_\_\_\_

*Contractor Affidavit:* I hereby certify that the proposed work is authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on this application is accurate to the best of my knowledge.

**Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring of circumvent the licensing requirements of the 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**

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ARCHITECT OR ENGINEER INFORMATION (please print)**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Plan Review Ledger

Comments

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### Plan Review Checklist

	<b>Initial</b>	<b>Revision #1</b>	<b>Revision #2</b>
<b>Approved Site Plan</b>			
<b>Building</b>			
<b>Barrier Free Design</b>			
<b>Electrical</b>			
<b>Plumbing</b>			
<b>Mechanical</b>			
<b>Underground (if applicable)</b>			
<b>Fire Suppression (if applicable)</b>			

### **Energy Code Calculations**

<b>ENERGY EFFICIENCY CERTIFICATE</b>					
<b>Insulation Rating</b>		<b>R-VALUE</b>		<b>R-VALUE</b>	
Ceiling/Roof			R-		R-
Walls		Frame	R-	Mass	R-
		Basement	R-	Crawl Spac	R-
Floors	Over unconditioned space	R-	Slab Edge	R-	
Ducts	Attic	R-	Other	R-	
<b>Air Leakage Test Results</b>					
Blower Door		ACH/50	Duct Testing		Cfm/100 ft(2)
<b>Fenestration Rating</b>		<b>NFRC U-Factor</b>		<b>NFRC SHGC</b>	
Window		U-			
Opaque Door		U-			
Skylight		U-			
<b>Equipment Performance</b>		<b>Type</b>		<b>Efficiency</b>	
Heating System					AFUE
Cooling System					SEER
Water Heater					EF
Indicate if the following have been installed (an efficiency shall not be listed)					
<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Gas-Fire Unvented Room Heater	<input type="checkbox"/> Baseboard Electric Heater			
Designer/Builder					
Code Edition				Date	