



Charter Township of Union
 2010 S. Lincoln
 Mt. Pleasant MI 48858
 Phone: (989) 772-4600 x 227
 Fax: (989) 773-1988
 www.uniontownshipmi.com

BUILDING PERMIT APPLICATION

IDENTIFICATION			
OWNER OR LESSEE			
NAME:		PROPERTY ADDRESS:	
PROPERTY TAX ID#			
Owner's Signature:		Date:	
ARCHITECT OR ENGINEER			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	TELEPHONE:
EMAIL ADDRESS:			
LICENSE NUMBER:		EXPIRATION DATE:	
CONTRACTOR			
BUSINESS NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	TELEPHONE:
CONTACT NAME:		CONTACT TELEPHONE:	
EMAIL ADDRESS:			
LICENSE NUMBER:		EXPIRATION DATE:	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		EXPIRATION DATE:	
TYPE OF IMPROVEMENT AND PLAN REVIEW			
TYPE OF IMPROVEMENT			
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation <input type="checkbox"/> Grading <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Mobile Home Set Up <input type="checkbox"/> Pre-manufactured <input type="checkbox"/> Other			
<p>Plans must be submitted with an Application for a Plan Review and the appropriate fee before permits can be issued. EXCEPTION: Plans are not required for alterations and repair work determined by the building official 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.</p> <p>Plan Review Submitted: _____ Plan Review Completed: _____</p>			

PROPOSED USE OF BUILDING

RESIDENTIAL

- One Family Hotel, Motel Detached Garage
- No. of Units _____
- Two or more Family Attached Garage Other
- No. of Units _____

DESCRIPTION: Describe in full detail proposed use of building including exact sizes of all construction to be completed:

NON RESIDENTIAL

- Amusement Service Station School, Library, Educational
- Church, Religion Hospital, Intuitional Store, Mercantile
- Industrial Office, Ban, Professional Tanks, Towers
- Parking Garage Public Utility Other

DESCRIPTION: Describe in full detail proposed use of building including exact sizes of all construction to be completed:

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

- Masonry, Wall Bearing Wood Frame Structural Steel Reinforced Concrete Other

Principal Type of Heating Fuel

- Gas Oil Electricity Coal Other

Type of Sewage Disposal

- Public or Private Company Septic System

Type of Water Supply

- Public or Private Company Private Well or Cistern

Will there be an irrigation system? Yes No

Type of Mechanical

Will there be air conditioning? Yes No

Dimensions/ Data

Number of Stories _____	Floor Area: Existing	Alterations	New
Use Group _____	Basement	_____	_____
Construction Type _____	1 st & and Flr	_____	_____
Construction Type _____	3 rd and Above	_____	_____
No. of Occupants _____			

Number of Off Street Parking Spaces

Enclosed _____ Outdoors _____ Handicap _____

APPLICATION INFORMATION

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:	TELEPHONE:

I HEARBY 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 TO 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 related to person who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

Signature of Applicant	DATE
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I. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

DESCRIPTION	REQUIRED	APPROVED	DATE	BY
Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Energy Code	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

II. VALIDATION – FOR DEPARTMENT USE ONLY

Use Group _____	Type of Construction _____
Square Feet _____	Total Value _____
Building Fee Due _____	

APPROVAL SIGNATURE	DATE
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