

27625 C.R. 375  
Paw Paw, MI 49079  
Phone: (269) 668-6910  
FAX: (269) 668-6913

ORIGINAL

PERMIT # \_\_\_\_\_

PARCEL # \_\_\_\_\_

AUTHORITY: P.A. 230 of 1972, as AMENDED  
COMPLETION: MANDATORY TO OBTAIN PERMIT  
PENALTY: APPLICATION MUST BE COMPLETED,  
SIGNED AND PROPER FEES PAID OR  
PERMIT WILL NOT BE ISSUED.

THE TOWNSHIP OF ALMENA WILL NOT DISCRIMINATE AGAINST  
ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, RELIGION,  
AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP  
OR POLITICAL BELIEFS.

PROJECT ADDRESS \_\_\_\_\_

OWNER OR LESSEE \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ARCHITECT OR ENGINEER \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone # \_\_\_\_\_

Mobile Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Builders License # \_\_\_\_\_ Copy on file: Y / N \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal Employer ID # or Reason for Exemption \_\_\_\_\_

Workers Compensation Insurance Carrier or Reason for Exemption \_\_\_\_\_

MESC Employer # or Reason for Exemption \_\_\_\_\_

TYPE OF IMPROVEMENT

Residential:  New House  New Accessory Building  Alteration  Addition  Demolition  
 Manufactured Home Setup: Park \_\_\_\_\_ Site \_\_\_\_\_

Commercial:  New Building  Alteration  Addition  Demolition  Other \_\_\_\_\_

VALUATION (less land) \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL FEES AND MUST PROVIDE THE FOLLOWING

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal ID # or Social Security # \_\_\_\_\_

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 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 ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE STATE COMPILED LAWS, 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND CAUSE FURTHER DELAYS IN OBTAINING A PERMIT. (REV102002)

**BUILDING CHARACTERISTICS**

1. STRUCTURAL CONSTRUCTION TYPE  
 MASONRY    WOOD FRAME    STRUCTURAL STEEL    REINFORCED STEEL    OTHER
  
2. HVAC TYPE  
 NATURAL GAS    PROPANE    OIL    ELECTRIC    OTHER \_\_\_\_\_  
 AIR CONDITIONING
  
3. TYPE OF SEWAGE DISPOSAL  
 PUBLIC    SEPTIC SYSTEM
  
4. TYPE OF WATER SYSTEM  
 PUBLIC    WELL
  
5. DIMENSIONS  
 NUMBER OF STORIES \_\_\_\_\_  
 FINISHED BASEMENT    YES    NO
  
6. SPECIALITY  
 FIRE SUPPRESSION SYSTEM    ELEVATOR

\*\*\*\*\*DO NOT WRITE BELOW THIS SPACE\*\*\*\*\*

PERMIT FEE \_\_\_\_\_ BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

<p><b>BUILDING SIZE</b></p> <p>1<sup>ST</sup> FLOOR _____ SF</p> <p>2<sup>ND</sup> FLOOR _____</p> <p>3<sup>RD</sup> FLOOR _____</p> <p>GARAGE _____</p> <p>BASEMENT _____</p> <p>PORCHES _____</p> <p>OTHER _____</p> <p>TOTAL AREA _____ Square Feet</p>	<p>TOTAL LAND AREA _____ SF</p> <p>OCCUPANCY GROUP _____</p> <p>TYPE OF CONSTRUCTION _____</p> <p>MAXIMUM OCCUPANCY LOAD _____</p> <p>FIRE DEPT. REQ. MET?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>MI BFD REQ. MET?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>
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**PLAN REVIEW**

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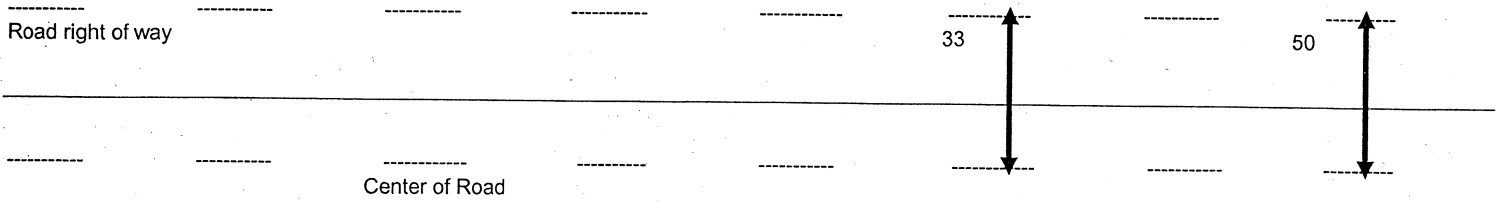
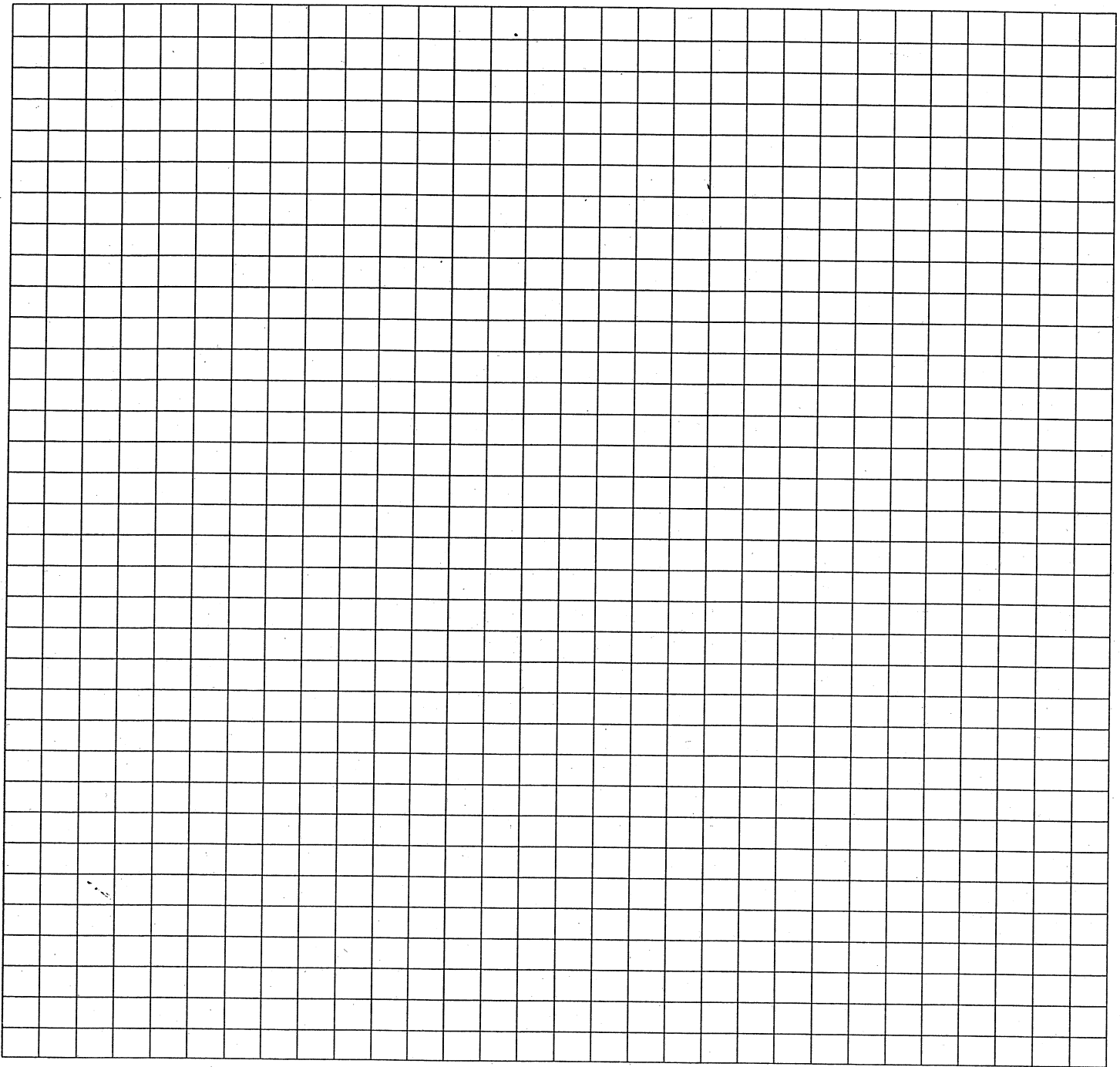
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**SITE PLAN-** (to be filled out by applicant) Indicate all proposed building as well as all existing building, their dimensions to one another and the dimensions to property lines and road right of ways. Also indicate all utilities and any private easements, lakes, ponds, rivers or streams.



SCALE 1/4" = \_\_\_\_\_

AUTHORIZED AGENT \_\_\_\_\_

