

**MUSSEY TOWNSHIP**  
 135 North Main Street  
 Capac, MI 48014  
 810-395-4915

Authority: 1972 PA 230  
 Completion: Mandatory to obtain permit  
 Penalty: Permit will not be issued

Applicant to Complete All Items in Sections I, II, III, IV, V and VI  
 Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

<b>I. PROJECT INFORMATION</b>			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			
BETWEEN		AND	
<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>B. ARCHITECT OR ENGINEER</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
<b>C. CONTRACTOR</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
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			
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>			
<b>A. TYPE OF IMPROVEMENT</b>		<b>COST OF IMPROVEMENT \$ _____</b>	
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE
			9. <input type="checkbox"/> RELOCATION
			10. <input type="checkbox"/> SPECIAL INSPECTION
<b>B. PLAN REVIEW REQUIRED</b>			
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 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.			
Plan Review Submission No. _____			

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

1.  ONE FAMILY
2.  TWO OR MORE FAMILY  
NO. OF UNITS \_\_\_\_\_
3.  HOTEL, MOTEL  
NO. OF UNITS \_\_\_\_\_
4.  ATTACHED GARAGE
5.  DETACHED GARAGE
6.  OTHER \_\_\_\_\_

**B. NON-RESIDENTIAL**

7.  AMUSEMENT
8.  CHURCH, RELIGION
9.  INDUSTRIAL
10.  PARKING GARAGE
11.  SERVICE STATION
12.  HOSPITAL, INSTITUTIONAL
13.  OFFICE, BANK, PROFESSIONAL
14.  PUBLIC UTILITY
15.  SCHOOL, LIBRARY, EDUCATIONAL
16.  STORE, MERCANTILE
17.  TANKS, TOWERS
18.  OTHER \_\_\_\_\_

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING
2.  WOOD FRAME
3.  STRUCTURAL STEEL
4.  REINFORCED CONCRETE
5.  OTHER \_\_\_\_\_

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS
7.  OIL
8.  ELECTRICITY
9.  COAL
10.  OTHER \_\_\_\_\_

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY
12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY
14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?  YES  NO
16. WILL THERE BE FIRE SUPPRESSION?  YES  NO

**F. DIMENSIONS/DATA**

	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____			
18. USE GROUP _____			
19. CONSTRUCTION TYPE _____			
20. NO. OF OCCUPANTS _____			
21. FLOOR AREA:			
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD - 10TH FLOOR	_____	_____	_____
11TH - ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED \_\_\_\_\_
23. OUTDOORS \_\_\_\_\_

**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		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

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 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 APPLICANT	DATE
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP _____	PERMIT FEE _____
TYPE OF CONSTRUCTION _____	PLAN REVIEW _____
SQUARE FEET _____	TOTAL _____
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____

The Department 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.

A large grid for site or plot plan drawing, consisting of 20 columns and 30 rows of small squares.

IX. SITE OR PLOT PLAN - FOR APPLICANT USE