

JOB DESCRIPTION:**V. FEE CHART/SCHEDULE – Applicant is responsible for the payment of all fees and charges applicable to this application.****RESIDENTIAL RATES**

INSPECTION	FEE	# OF INSPECTIONS	TOTAL
Base Fee – Required on all permits	\$50.00		\$50.00
Footing Inspection	\$60.00		
Post Hole Inspection	\$60.00		
Rough Inspection	\$60.00		
Final Inspection	\$60.00		
Temporary Final Inspection	\$60.00		
Demolition Inspection	\$60.00		
Additional Inspection	\$60.00		
Backfill Inspection	\$60.00		
Insulation Inspection	\$60.00		
Ice Guard/Flashing/Ventilation Inspection	\$60.00		
New Address Fee	\$15.00		
Zoning Plan Review	\$35.00		
TOTAL FEES - Residential			\$

COMMERCIAL RATES

INSPECTION	FEE	# OF INSPECTIONS	TOTAL
Base Fee – Required on all permits	\$50.00		\$50.00
Footing Inspection	\$60.00		
Post Hole Inspection	\$60.00		
Backfill Inspection	\$60.00		
Insulation Inspection	\$60.00		
Rough Inspection	\$60.00		
Final Inspection	\$60.00		
Additional Inspection	\$60.00		
Plan Review Fee - \$100.00 or one tenth of one percent (.1%) Of construction cost, whichever is greater			
TOTAL FEES - Commercial			\$

VI. APPLICANT INFORMATION – To be completed by all applicants

Name	Mailing Address – Number, Street, City & State	Zip Code	Contact Numbers(s)
1. Owner or Lessee			
2. Contractor		Builder's Lic. #	
3. Architect or Engineer			

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. The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all aspects. The Township, further, shall have the right to rely on the accuracy of the same in connection with the issuance of permits and the conducting of required inspections.

Signature of Applicant:	Address:	Application Date: / /
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VII. GENERAL INFORMATION:

GENERAL: Building work shall not be started until the application for permit has been filed. **No work shall be concealed until it has been inspected.**

When ready for an inspection, call the inspector providing at least 24 hours advance notice. The inspector will need the **job location** and **permit #**.

OCCUPANCY PERMITS: NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, AND/OR ELECTRICAL WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING DEPARTMENT APPROVAL.

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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

THE BUILDING DEPARTMENT will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

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 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.

VIII. VALIDATION – LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

<i>Environmental Control</i>	<i>Required</i>	<i>Approved by</i>	<i>Date</i>
1 – Township Water or Sewer	() Yes () No		
2 – Well Permit – County Health Department	() Yes () No		
3 – Septic Permit – County Health Department	() Yes () No		
4 - Soil Erosion – County Health Department	() Yes () No		
5 – Driveway Permit – Jackson County Transportation	() Yes () No		
6 – Zoning/District	() Yes () No		
A – Site Plan Approval	() Yes () No		
B – Variance Granted, Z.B.A. Approval	() Yes () No		
7 – Flood Zone	() Yes () No		
8 – Fire Plan Review	() Yes () No		
9 – Environmental Pollution	() Yes () No		

Property Tax ID # _____

Building Permit Number PB _____

Building Permit Issued Date ____/____/____

Approved By: _____

Building Permit Fee \$ _____

_____ (TITLE)

Zoning Plan Review Fee \$ _____

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT:

USE:

FRONT YARD:

SIDE YARD:

SIDE YARD:

REAR YARD:

NOTES: