

**GRASS LAKE CHARTER TOWNSHIP**  
**373 LAKESIDE DRIVE**  
**PO BOX 216**  
**GRASS LAKE, MICHIGAN 49240**  
**PHONE: 517-522-8464**  
**FAX: 517-522-4955**  
**WEBSITE: GRASSLAKECT.COM**

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

**IMPORTANT** – Applicant is to complete all items in sections: **I, II, III, IV, V and VII**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ Zoning District _____
	(NO.) (STREET)
	BETWEEN _____ AND _____
	(CROSS STREET) (CROSS STREET)
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

<b>II. TYPE AND COST OF BUILDING</b> – All applicants must complete Parts A-D			
<b>A. TYPE OF IMPROVEMENT</b> 1. <input type="checkbox"/> New Building 2. <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D. 13) 3. <input type="checkbox"/> Alterations (See 2 Above) 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Wrecking (if multifamily residential, enter number of units in building in Part D. 13) 6. <input type="checkbox"/> Moving (relocation) 7. <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE</b> – For “Wrecking” most recent use  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Residential</b>            12. <input type="checkbox"/> One Family            13. <input type="checkbox"/> Two or more family –                Enter number of units _____            14. <input type="checkbox"/> Transient hotel, motel, or dormitory –                Enter number of units _____            15. <input type="checkbox"/> Garage            16. <input type="checkbox"/> Carport            17. <input type="checkbox"/> Other – Specify _____            _____            _____         </td> <td style="width: 50%; vertical-align: top;"> <b>Nonresidential</b>            18. <input type="checkbox"/> Amusement, recreational            19. <input type="checkbox"/> Church, other religious            20. <input type="checkbox"/> Industrial            21. <input type="checkbox"/> Parking garage            22. <input type="checkbox"/> Service Station, repair garage            23. <input type="checkbox"/> Hospital, institutional            24. <input type="checkbox"/> Office, Bank, Professional            25. <input type="checkbox"/> Public utility            26. <input type="checkbox"/> School, library, other educational            27. <input type="checkbox"/> Store, mercantile            28. <input type="checkbox"/> Tanks, towers            29. <input type="checkbox"/> Other – Specify _____         </td> </tr> </table>	<b>Residential</b> 12. <input type="checkbox"/> One Family 13. <input type="checkbox"/> Two or more family – Enter number of units _____ 14. <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____ 15. <input type="checkbox"/> Garage 16. <input type="checkbox"/> Carport 17. <input type="checkbox"/> Other – Specify _____ _____ _____	<b>Nonresidential</b> 18. <input type="checkbox"/> Amusement, recreational 19. <input type="checkbox"/> Church, other religious 20. <input type="checkbox"/> Industrial 21. <input type="checkbox"/> Parking garage 22. <input type="checkbox"/> Service Station, repair garage 23. <input type="checkbox"/> Hospital, institutional 24. <input type="checkbox"/> Office, Bank, Professional 25. <input type="checkbox"/> Public utility 26. <input type="checkbox"/> School, library, other educational 27. <input type="checkbox"/> Store, mercantile 28. <input type="checkbox"/> Tanks, towers 29. <input type="checkbox"/> Other – Specify _____
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<b>B. OWNERSHIP</b> 8. <input type="checkbox"/> Private (individual, corporation, nonprofit, institution, etc.) 9. <input type="checkbox"/> Public (Federal, State, or Local Government)			

<b>C. COST</b>  10. Cost of Improvement <i>To be installed but not included in the above cost</i> A. Electrical  B. Plumbing  C. Heating/Air Conditioning  D. Other (elevator, etc...)  11. TOTAL COST OF IMPROVEMENT	<i>(omit cents)</i> \$ _____  \$ _____  \$ _____  \$ _____  \$ _____	<b>Nonresidential</b> – 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.  _____ _____ _____ _____
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**III. SELECTED CHARACTERISTICS OF BUILDING** – For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE OF FRAME</b> 30. <input type="checkbox"/> Masonry (wall bearing) 31. <input type="checkbox"/> Wood Frame 32. <input type="checkbox"/> Structural Steel 33. <input type="checkbox"/> Reinforced concrete 34. <input type="checkbox"/> Other – Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40. <input type="checkbox"/> Public or private company 41. <input type="checkbox"/> Private (septic tank, etc...)	<b>J. DIMENSIONS</b> 48. Number of stories ..... _____ 49. Total square feet of floor area, all floors, based on exterior dimensions ..... _____  50. Total land area, square feet..... _____
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35. <input type="checkbox"/> Gas 36. <input type="checkbox"/> Oil 37. <input type="checkbox"/> Electricity 38. <input type="checkbox"/> Coal 39. <input type="checkbox"/> Other – Specify _____	<b>H. TYPE OF WATER SUPPLY</b> 42. <input type="checkbox"/> Public or private company 43. <input type="checkbox"/> Private (well, cistern)	<b>K. NUMBER OF OFF – STREET PARKING SPACES</b> 51. Enclosed ..... _____ 52. Outdoors ..... _____
	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44. <input type="checkbox"/> Yes                      45. <input type="checkbox"/> No  Will there be an elevator? 46. <input type="checkbox"/> Yes                              47. <input type="checkbox"/> No	<b>L. RESIDENTIAL BUILDING ONLY</b> 53. Number of Bedrooms _____ 54. Number of Bathrooms Full _____ Partial _____

**GIVE A BRIEF JOB DESCRIPTION:**

**IV. 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
<b>Base Fee – Required on all permits</b>	<b>\$50.00</b>		<b>\$50.00</b>
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		
<b>Zoning Plan Review</b>	<b>\$35.00</b>		
<b>TOTAL FEES - Residential</b>			<b>\$</b>

**COMMERCIAL RATES**

INSPECTION	FEE	# OF INSPECTIONS	TOTAL
<b>Base Fee – Required on all permits</b>	<b>\$50.00</b>		<b>\$50.00</b>
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			
<b>TOTAL FEES - Commercial</b>			<b>\$</b>

**V. 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		<b>Builder's Lic. #</b>	
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.

<b>Signature of Applicant:</b>	<b>Address:</b>	<b>Application Date:</b> / /
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**VI. 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.**

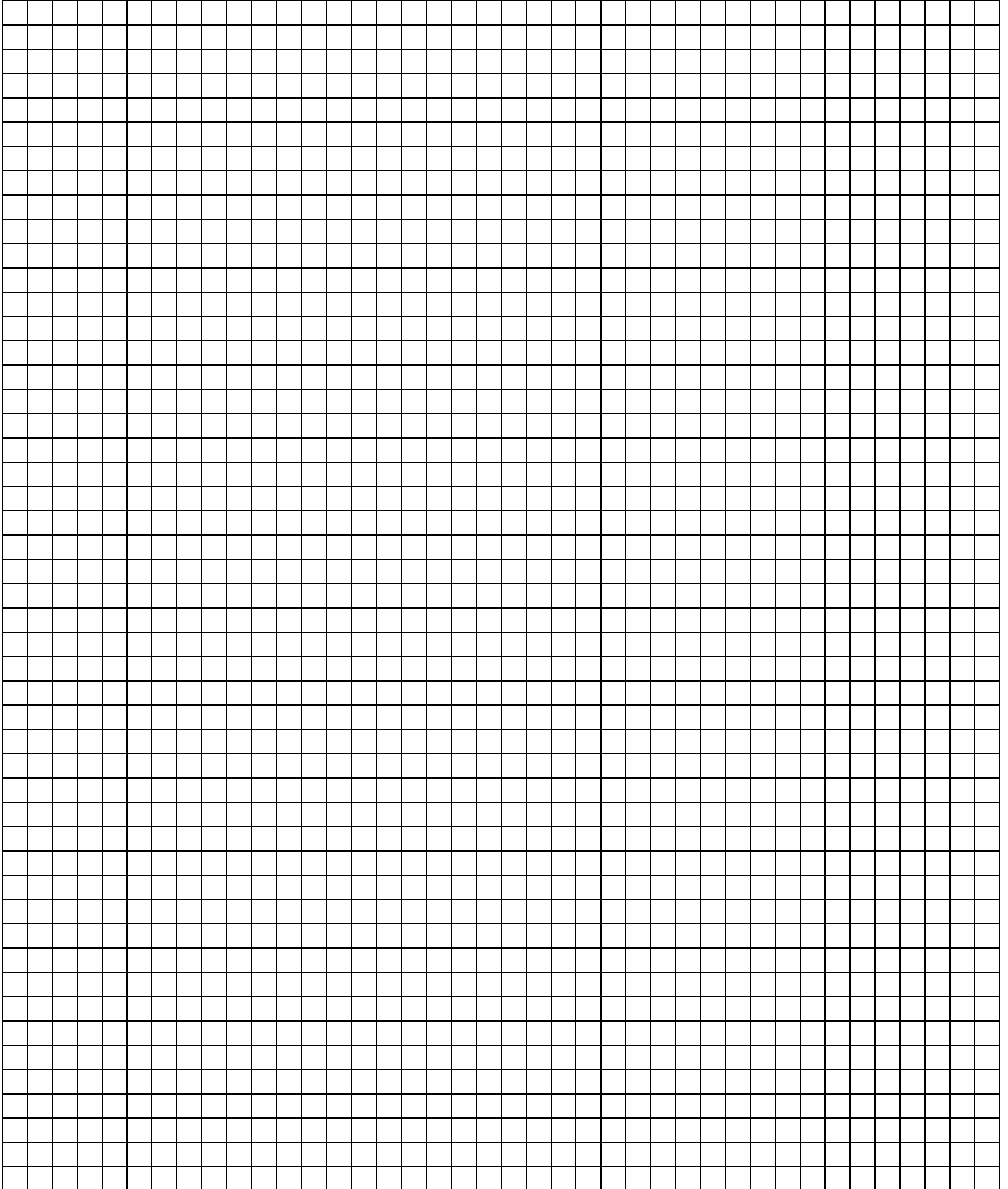
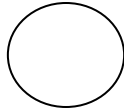
**EXPIRATION OF PERMIT:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period 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 PVIOUS 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.

**VII. SITE OR PLOT PLAN – Fill in all measurements between Property Lines and Buildings (Main Building as well as Accessory Buildings).**

Please indicate direction of North within the circle.



**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: