



CHARTER TOWNSHIP OF PORT HURON

3800 Lapeer Rd ~ Port Huron Twp, MI 48060 ~ (810) 987-6600 ~ Fax: (810) 987-6712

BUILDING PERMIT APPLICATION

Application must be completed. Faxed or Incomplete Application or Application completed in pencil will not be accepted.

Note: Separate Applications must be Completed for Plumbing, Mechanical and Electrical work Permits.

Plans are approved subject to compliance Charter Township of Port Huron Ordinances whether marked or not.

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

I. Project Information:		
Project Address:		Parcel ID# 74-28-
Type of Project:	Square Feet:	Estimate Construction Cost:

II. Identification:			
A. Owner or Lessee:			
Name:		Address:	
City	State	Zip Code	Telephone # (Include area code)
E-Mail Address:			Cell # (Include area code)
B. Architect or Engineer:			
Firm / Company Name:		Address:	
City	State	Zip Code	Telephone # (Include Area Code)
E-Mail Address:			Cell # (Include area code)
License Number:			Expiration Date:
C. Contractor:			
Name:		Address:	
City:	State:	Zip Code:	Telephone # (Include Area Code)
E-Mail Address:			Cell # (Include area code)
Builders License Number:			Expiration Date:
Federal Employer ID Number (or reason for exemption)		Workers Comp Insurance Carrier (or reason for exemption)	

D. Applicant Information: Same as above: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information. If permit is cancelled, all fees shall be refunded except a \$25.00 application handling fee the costs of any inspections performed and any plan review fees charged for work completed.			
Name:		Address:	
City:	State:	Zip Code:	Telephone #: (Include Area Code)
E-Mail Address:			Cell # (Include area code)

I hereby certify that the proposed work is authorized by the owner or 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 person who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines." Permission is hereby granted for inspectors to access property for Charter Township of Port Huron Official Business.

***Signature of Applicant = _____ Date: ____ / ____ / ____**

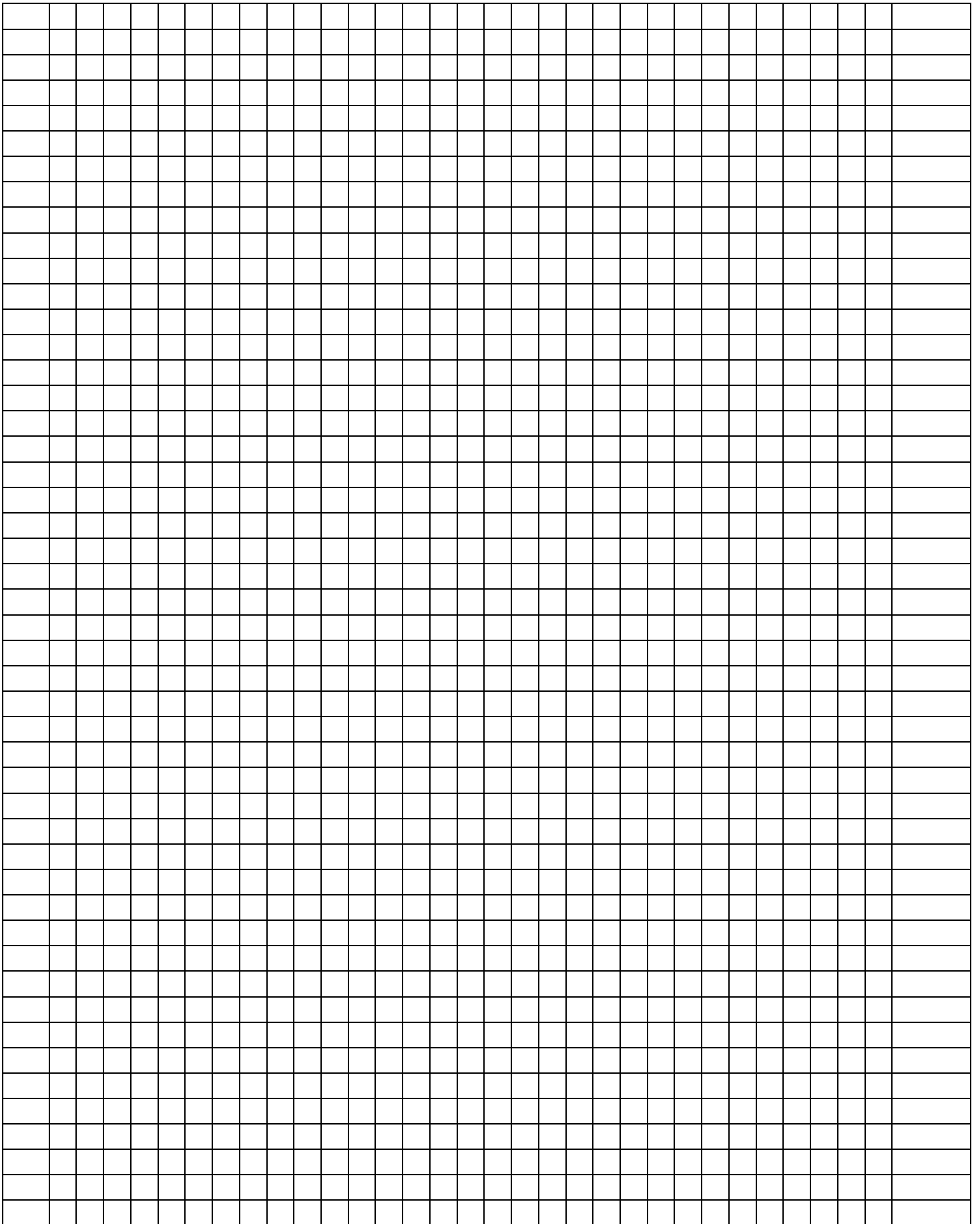
X Driver License # = _____

III. Type of Improvement and Plan Review:
A. Type of Improvement:
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Relocation <input type="checkbox"/> Pre-Fab <input type="checkbox"/> Deck <input type="checkbox"/> Shed (over 200sq.ft.) <input type="checkbox"/> Reroof <input type="checkbox"/> Porch <input type="checkbox"/> Sign <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Detached Garage <input type="checkbox"/> Attached Garage <input type="checkbox"/> Pole Barn <input type="checkbox"/> Other _____
B. Plan Review Required:
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 architects or engineer's seal and signature.
Plan Review Submission No. _____

IV. Proposed Use of Building:
A. Residential:
<input type="checkbox"/> One Family <input type="checkbox"/> Two Family No of Units____, <input type="checkbox"/> Townhouse No of Units____ No of Stories____, <input type="checkbox"/> Attached Garage, <input type="checkbox"/> Detached Garage, <input type="checkbox"/> Other:_____
B. Non-Residential:
Assembly(Theaters, Nightclubs, Restaurants, Bars, Halls, Churches, Libraries, Museums, Arenas)___ Business___ Educational___ Factory___ High Hazard___ Institutional (Hospital, Daycare, Nursing Homes)___ Mercantile (Store)___ Storage___ Utility___ Tanks (over 5,000 Gallons on Grade) ___ Towers___ Shed (over 120 Sq. Ft.) ___ Other_____
C. Description:
Describe in detail proposed uses of Building. If use of Existing Building is being changed, Enter existing uses.

V. Selected Characteristics of Building:				
A. Principal Type of Construction:				
<input type="checkbox"/> Masonry, Wall Bearing <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete Other:_____				
B. Principal Type of Heating Fuel:		1. Type of Mechanical		
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Wood Other:_____		Will there be Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be Fire Suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Type of Sewage Disposal:		1. Type of Water Supply		
<input type="checkbox"/> Public <input type="checkbox"/> Septic System Other:_____		<input type="checkbox"/> Public <input type="checkbox"/> Private Well Other:_____		
D. Dimensions / Data:				
Number of Stories _____	Floor Area:	Existing	Alterations	New
Use Group _____	1 st Floor	_____	_____	_____
Construction Type _____	2 nd Floor	_____	_____	_____
No. of Occupants _____	3 rd & above	_____	_____	_____
	Total Area:	_____	_____	_____
E. Number of Off Street Parking Spaces:				
Enclosed _____		Outdoors _____		

VI. Applicant Comments and or Concerns:
Applicant Comments and or Concerns: _____ _____ _____ _____



VII. OFFICE USE ONLY BELOW Local Governmental Agency to Complete This Section:

Environmental Control Approvals

	Required ?	Approve / Deny	Date	Refer #	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. ZBA Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

VIII. Validation – For Department Use Only

Use Group: _____ Type of Construction: _____ Square Feet: _____ Base Fee: _____ Number of Inspections: _____

APPROVAL SIGNATURE

TITLE

DATE

Review Comments: