

# Macon Township

5525 S. Occidental Hwy., Tecumseh, MI 49286- 517.423.3162

# APPLICATION FOR BUILDING PERMIT

ALL PERMITS EXPIRE IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS FROM ISSUE

<b>AUTHORITY:</b> P.A. 230 of 1972 as AMENDED <b>COMPLETION:</b> MANDATORY TO OBTAIN PERMIT <b>PENALTY:</b> APPLICATION MUST BE COMPLETED, SIGNED, PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED	MACON TOWNSHIP WILL NOT DISCRIMNATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
---	--

APPLICACANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI  
 NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

IF PERMIT IS BEING REQUESTED BY MAIL ENCLOSE A COPY OF YOUR CURRENT LICENSE AND SELF-ADDRESSED, STAMPED ENVELOPE, IF RECEIPT IS TO BE RETURNED. OTHERWSIDE, PERMIT AND RECEIPT MUST BE PICKED UP AT THE VILLAGE OFFICE.

## I. LOCATION OF BUILDING

ADDRESS:			
CITY/VILLAGE:	TOWNSHIP	COUNTY	ZIP CODE
PARCEL TAX I.D. #			

## II. IDENTIFICATION

### A. OWNER OR LESEE

NAME			TELEPHONE NO.
ADDRESS:	CITY	STATE	ZIP CODE
LICENSE NO.			EXPIRATION DATE

### B. ARCHITECT OR ENGINEER

NAME			TELEPHONE NO.
ADDRESS	CITY	STATE	ZIP CODE:

### C. CONTRACTOR

NAME			TELEPHONE NO.
ADDRESS	CITY	STATE	ZIP CODE
BUILDER LICENSE NO.			EXPIRATION DATE

FEDERAL EMPLOYEE ID NO. OR REASON FOR EXEMPTION

WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION

MISC. EMPLOYER NUMBER OR REASON FOR EXEMPTION

## III. TYPE OF IMPROVEMENT AND PLAN REVIEW

### A. TYPE OF IMPROVEMENT

NEW BUILDING  
  ALTERATION  
  WRECKING  
  FOUNDATION ONLY  
  RECLOCATION  
  
 ADDITION  
  REPAIR  
  MOBILE HOME SET UP  
  PREMANUFACTURE

### B. REVIEW(S) TO BE PERFORMED (COMMERCIAL ONLY)

BUILDING  
  PLUMBING  
  MECHANICAL  
  ELECTRICAL  
  ENERGY



**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

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP CODE

FEDERAL I.D. NUMBER / SOCIAL SECURITY NUMBER

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 CODE 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.

FEE ENCLOSED \$

SIGNATURE OF APPLICANT

**VII. DESCRIPTION OF WORK TO BE DONE IN THIS SECTION**

*(a.) Attach plot plan & drawings, or make a workable sketch on the back of this page.*

**VIII. VALIDATION – FOR DEPARTMENT USE ONLY**

NOTES AND DATA

BUILDING PERMIT NUMBER

APPROVAL SIGNATURE

ISSUE DATE

TITLE

PERMIT FEE

**IF PERMITS ARE BEING DONE BY MAIL, ADD SELF ADDRESSED, STAMPED ENVELOPE**