

# CHARTER TOWNSHIP OF WATERFORD BUILDING DEPARTMENT

5200 Civic Center Drive, Waterford, Michigan 48329-3773

Telephone: (248) 674-6238 Fax: (248) 674-4097

www.waterfordmi.gov



## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICATION DATE	IS OWNER APPLICANT? YES                      NO	BOND NUMBER (FOR OFFICE USE ONLY) BB22-	PERMIT NUMBER (FOR OFFICE USE ONLY) PB22-
------------------	----------------------------------------------------	--------------------------------------------	----------------------------------------------

### 1. PROPERTY INFORMATION

STREET ADDRESS OF PROJECT	PARCEL I.D. NUMBER	ZONING
---------------------------	--------------------	--------

### 2. PROPERTY OWNER INFORMATION

LAST NAME OR BUSINESS NAME	FIRST NAME	PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

### 3. BUILDING AND PROPERTY CHARACTERISTICS

A. STRUCTURES	B. BUILDING UNITS	C. BOARD OF APPEALS	D. ZBA HEARING DATE
E. RESIDENTIAL  SINGLE FAMILY MULTIPLE FAMILY STORAGE/ACCESSORY GARAGE MISC., SPECIFY: _____	F. NONRESIDENTIAL  CONSTRUCTION TYPE                      USE GROUP I-A                      A-1                      H-1                      M II-A                      A-2                      H-2                      S-1 III-A                      A-3                      H-3                      S-2 IV                      A-4                      H-4                      U V-A                      A-5                      H-f I-B                      B                      I-1 II-B                      E                      I-2 III-B                      F-1                      I-3 V-B                      F-2                      I-4	G. TYPE OF IMPROVEMENT  NEW CONSTRUCTION ALTERATION ADDITION MOVE STRUCTURE DEMOLITION REPAIR SWIMMING POOL GARAGE ACCESSORY STRUCTURE	
H. DESCRIBE IN DETAIL WORK TO BE DONE			I. COST OF IMPROVEMENT  _____

Check box if use of building is changing as per Township Zoning Ordinance or if building is currently vacant.

### 4. SELECTED CHARACTERISTICS OF BUILDING

PROPERTY FRONTAGE (FEET)	EXISTING RESIDENTIAL UNITS (NUMBER)	SIZE OF ADD. OR STRUCTURE
REAR FRONTAGE (FEET)	STORIES (NUMBER)	BUILDING AREA (SQ FT)
FRONT SETBACK FROM PROP. LINE	BEDROOMS (NUMBER)	LIVING AREA (SQ FT)
REAR SETBACK FROM PROP. LINE	FULL BATHS (NUMBER)	BASEMENT AREA (SQ FT)
RIGHT SETBACK FROM PROP. LINE	PARTIAL BATHS (NUMBER)	GARAGE AREA (SQ FT)
LEFT SETBACK FROM PROP. LINE	GARAGES (NUMBER)	OFFICE/SALES (SQ FT)
HEIGHT ABOVE GRADE (FEET)	FIREPLACES (NUMBER)	SERVICE (SQ FT)
NEW RESIDENTIAL UNITS (NUMBER)	LOT AREA (SQ FT)	MANUFACTURING (SQ FT)

For office use only

USE GROUP: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_

5. IDENTIFICATION (TO BE COMPLETED BY APPLICANT)

	Owner or Lessee	Contractor	Architect/Engineer
Company Name			
Contact Name			
License Number	-----		
Street Address			
City/State/Zip			
Phone			
Email			
Fax			

Federal Employer ID Number	
Workers Comp. Insurance Carrier	
MESC Number	

**CONSTRUCTION BOND RETURN AND FORFEITURE POLICY**

**RETURN:** Upon satisfactory completion of all final inspections required, and the issuance of a Certificate of Occupancy, if applicable, the construction bond will be returned without interest.

**FORFEITURE:** By the execution hereof, the applicant agrees that in the event the depositor of the fee(s) does not properly complete the inspection requirements within 90 days following the expiration date of the permit(s), the deposit fee(s) deposited hereunder shall be automatically forfeited to the Township. The Building Department shall provide notice by First Class Mail of the forfeiture policy as adopted by the Township Board.

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 this jurisdiction. Prior to signing this application, please read the above Construction Bond Return and Forfeiture Policy. The signing of the application indicates that you are aware of the forfeiture Policy adopted by the Township Board. The applicant signing this application is aware that (s)he assumes full responsibility for insuring that all work done complies with all applicable codes and ordinances.

**Cancellations and Refunds**

Application and Plan Review Fees are non-refundable.

Building Permit Fees may be partially refunded to the Permit holder in accordance with the following:

- \* Permit cancelled within 3 months of issue with no work or inspections performed 80%
- \* Permit cancelled within 6 months of issue with no work or inspections performed 50%
- \* Permit cancelled within 1 year of issue with no work or inspections performed 25%
- \* Permit cancelled after 1 year of issue with no work or inspections performed 0%
- \* Permit cancelled after work has commenced or inspections performed 0%

**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.**

**Placing a check in the box serves two purposes:**

- (1) The person filing this application is the actual applicant.**
- (2) The person filing this application understands and agrees to the above provisions.**

Applicants Name	Phone	Email
Address, City, State, Zip		