

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP - Premanufactured/Modular Home

GRAND BLANC TOWNSHIP, Building Department, PO Box 1833, Grand Blanc, MI 48480

INSPECTIONS VOICE MAIL SYSTEM: (810) 424-2690 INSPECTIONS HELP: (810) 424-2782 PERMITS HELP: (810) 424-2782 FA X: (810) 424-2783

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

AUTHORITY: P.A.230 OF 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT CANNOT BE ISSUED

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, and V and provide PLOT PLAN (if required for job)

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED for PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PROJECT ADDRESS

| | | | | |
|-----------------------|-------------------|----------|-------------------------|-------------------|
| CITY | STATE MICHIGAN | ZIP CODE | TOWNSHIP GRAND BLANC | COUNTY GENESEE |
| NEAREST CROSS STREETS | SUBDIVISION | LOT # | DATE OF APPLICATION | |

II. IDENTIFICATION

A. OWNER OR LESSEE

| | | | | |
|------|---------|----------|------------------|--|
| NAME | ADDRESS | | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |

C. CONTRACTOR

| | | | | |
|---|---|--|------------------|--|
| NAME | ADDRESS | | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| BUILDERS LICENSE NUMBER | EXPIRATION DATE | | FAX NUMBER | |
| FED EMPLOYER ID NUMBER/REASON FOR EXEMPTION | WORKER'S COMP INSURANCE CARRIER/REASON EXEMPT | MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION | | |

III. COMPLETING APPLICATION

GENERAL: Construction shall not be started until the permit has been approved and issued. All construction shall be in compliance with the building code currently in effect. **No work shall be concealed until it has been inspected.** When ready for an inspection, set up the inspection with **at least 1 day's notice.** **The request must include the job location and permit number.**

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 INSPECTIONS. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

III. COMPLETING APPLICATION (CONTINUED)

| REQUIRED SUBMITTALS and INFORMATION for Construction Projects | C H A N G E S | A. PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE WORK TO BE COMPLETED UNDER THIS PERMIT: |
|--|--|--|
| Premanufactured Home (IN Park) | | |
| Building system approval report | | |
| Site Inspection PRIOR to placement of home is required | ← | |
| | | |
| | | |
| Modular Home (Set on Private Lot) | | |
| Approval from Department of Planning & Zoning | ← | |
| Building system approval report | | |
| Complete Plot Plan | | |
| Complete Foundation Information | | |
| | | |
| DECK (also complete section for decks w/new house) | | |
| Joist Size | | |
| Post Size | | |
| Beam Size | | |
| Size of Deck and Height from Grade | | |
| Complete Plot Plan | | |
| | | |
| REMODEL - RESIDENTIAL | | |
| Smoke Detectors Must be Upgraded/Hardwired entire structure | ← | |
| Floor Plan Required | | |
| | | |
| SHED/BARN/POLE BARN/GARAGE - Over 200 Sq Ft | | |
| Wall Height | | |
| Pitch of Roof | | |
| Size of Structure | | |
| Complete Plot Plan - Rat Wall Required | | |
| | | |
| HOMEOWNER OBTAINING OWN PERMIT Sign Page 4 | | |

| | | | |
|-----------------------------------|-----------------------|---------------------------------------|---------------------------|
| Required Inspections May Include: | Foundation -- Subsoil | Backfill | Footing -- Trench Footing |
| | Pea Rock | Masonry | Rough |
| | Underslab | Posthole (if deck included in permit) | Final/Occupancy |

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP

THIS PAGE IS ONLY REQUIRED FOR THE CONSTRUCTION OF A NEW HOUSE, AN ADDITION TO AN EXISTING HOUSE, OR FOR COMMERCIAL/INDUSTRIAL PERMITS

| | | | | | | | | | | | | | | | |
|---|-----|----------------------|------------|--------------------------|-----------------------------------|------------------|--|--------------------|---------------------|--------------------------------|---------------|---|--------------------|--|--|
| A. PRINCIPAL TYPE OF FRAME | | | | | | | | | | | | | | | |
| Masonry, Wall Bearing | | | Wood Frame | | | Structural Steel | | | Reinforced Concrete | | | Other | | | |
| B. PRINCIPAL TYPE OF HEATING FUEL | | | | | C. TYPE OF SEWAGE DISPOSAL | | | | | D. TYPE OF WATER SUPPLY | | | | | |
| Gas | Oil | Electric | Other | | Public Co | | Septic System | | | Public Co | | Private Well | | | |
| E. TYPE OF MECHANICAL | | | | | | | | | | | | | | | |
| WILL THERE BE AIR CONDITIONING? _____ YES _____ NO | | | | | | | WILL THERE BE FIRE SUPPRESSION? _____ YES _____ NO | | | | | | | | |
| F. DIMENSIONS/DATA <i>this section MUST be complete for new construction and additions</i> | | | | | | | | | | | | | | | |
| Street Frontage | | | | # Residential Units | | | | Stories (#) | | | | Fireplaces (#) | | | |
| Front Setback | | | | Elevators/Escalators (#) | | | | Bedrooms (#) | | | | Garage Area (SF) | | | |
| Rear Setback | | | | Office/Sales | | | | Full Baths (#) | | | | Enclosed Parking (#) | | | |
| Left Setback | | | | Service | | | | Partial Baths (#) | | | | Outside Parking (#) | | | |
| Right Setback | | | | Manufacturing | | | | Garages (#) | | | | Lot Area (SF) | | | |
| Height Above Grade | | | | # Occupants | | | | Windows (#) | | | | Parking Area (SF) | | | |
| FLOOR AREA (square feet) | | | | | NEW CONSTRUCTION | | | | EXISTING | | | | ALTERATIONS | | |
| Crawl Space _____ | | Slab on Grade _____ | | | | | | | | | | | | | |
| Basement Area - Total Sq Ft _____ | | | | | Finished Area _____ | | | | | | | | | | |
| 1st Floor (sq ft) | | | | | | | | | | | | | | | |
| 2nd Floor (sq ft) | | | | | | | | | | | | | | | |
| 3rd & Above (sq ft) | | | | | | | | | | | | | | | |
| Total Building Area (sq ft) | | | | | | | | | | | | | | | |
| REQUIRED INSPECTIONS | | Foundation | Sub Soil | Backfill | Pea Rock | Footing | Tr Footing | Posthole | Rough | Insulation | Above Ceiling | Final | Occupancy | | |
| IMPROVEMENT TYPE | | PROPOSED USE: | | | | | | | | | | Are any structural assemblies fabricated off-site? | | | |
| New Construction | | ASSEMBLY | | | RESIDENTIAL | | | STORAGE | | | | | | | |
| Addition | | Theatre | | | Hotel, Motel | | | Moderate Hazard | | | | | | | |
| Alteration | | Night Club | | | Multi-Family | | | Low Hazard | | | | | | | |
| Repair/Replacement | | Restaurant | | | Two Family | | | OTHER | | | | | | | |
| Demolition | | Church | | | Single Family | | | Parking Garage | | | | Estimated Start Date | | | |
| Relocation | | Other Assembly | | | INSTITUTIONAL | | | Carport | | | | | | | |
| Foundation Only | | BUSINESS | | | Group Home | | | Motor Fuel Service | | | | | | | |
| Change of Use Only | | EDUCATIONAL | | | Hospital | | | Repair Garage | | | | | | | |
| EXTERIOR WALLS | | Grades 1 - 12 | | | Jail | | | Public Utility | | | | Estimated Date of Completion | | | |
| Steel | | Day Care Facility | | | MERCANTILE | | | Other: | | | | | | | |
| Masonry | | HIGH HAZARD | | | | | | | | | | | | | |
| Concrete | | | | | | | | | | | | | | | |
| Wood | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |

**HOMEOWNER SIGNATURE REQUIRED ON THIS PAGE
IF
HOMEOWNER OBTAINING OWN BUILDING PERMIT**

The Michigan Licensing Law gives the homeowner an exemption to act as the general contractor if the homeowner is building his own residence for his own use. This means that, in the case of his own single family residence (not a duplex or apartment building) the homeowner may act as the general contractor, even though a licensed builder may be significantly involved. 339.2403 of the Michigan Occupational Code states:

A person may engage in the business of or act in the capacity of a residential building without having a license if the person is:

An owner of property with references to a structure on the property for the owner's own use and occupancy

If the homeowner acts as the general contractor and pulls the permit he should be made aware of the following:

THAT AS THE PERMIT HOLDER, THE HOMEOWNER INCURS ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

THIS MEANS THAT:

- 1 IT WILL BE THE HOMEOWNER'S RESPONSIBILITY TO CORRECT ANY CODE VIOLATIONS, EVEN IF THE CONTRACTOR OR ANY OTHER PERSONS DID THE WORK.

- 2 THE HOMEOWNER CAN BE HELD LIABLE FOR ANY INJURY WHICH OCCURS ON THE JOB, WHETHER IT IS A BUILDER'S OR SUBCONTRACTOR'S EMPLOYEE.

- 3 THE HOMEOWNER IS RESPONSIBLE FOR WORKER'S COMPENSATION, ALL WITHHOLDING TAXES, BOTH FEDERAL AND STATE, AND FAICA TAXES FOR ALL PERSONS ON THE JOB.

- 4 IN THE EVENT OF AN OCCURENCE BEYOND THE BUILDER'S CONTROL (LAWSUITS, ETC.) WHICH CAUSES THE BUILDER TO BE UNABLE TO COMPLETE THE WORK, THE HOMEOWNER WILL BE LEGALLY RESPONSIBLE FOR THE COMPLETION OF THE JOB.

I, _____, HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

SIGNATURE

DATE

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP

PLAN OR BLUE PRINT SUMMARY - TO BE USED FOR NEW HOUSES OR ADDITIONS TO AN EXISTING HOUSE.

NOTE: If I-Joists are used shop drawings must be supplied at time of ROUGH INSPECTION

Basement Foundation:

Spread footing: Size: _____

Reinforcement: _____

Bleeders: Spacing: _____ oc

Size: _____

Poured Wall: Size: _____ Height: _____

Block Wall: Size: _____ Height: _____

Is a membraned tile/sock tile being used?
 Yes _____ No _____

If no, please specify tile: _____

Is basement being dampproofed? _____

Is basement being waterproofed? _____

Beam Size _____ Column Size _____

Spacing _____ Reinforcement _____

Is there 4" of pea stone under basement slab?
 Yes _____ No _____

Is visqueen under basement slab?
 Yes _____ No _____

Framing:

Exterior Walls: 2x4 2x6 Steel Studs _____

Interior Walls: 2x4 2x6 Steel Studs _____

Floor Joist:

1st Floor Size Species Location _____

2nd Floor Size Species Location _____

Framing: (continued)

I Joist:
 1st Floor Size Species Location _____

2nd Floor Size Species Location _____

Manufacturer: _____

Laminated Beams: Size _____ Location _____

Manufacturer: _____

Header: Size/Length _____ Location _____

Stairs: Riser height _____ Tread width _____

Are stair nosings being used: Yes _____ No _____ Size _____

Are Treads: Wood _____ Carpet _____ Vinyl _____

Trusses: 2x4 _____ 2x6 _____ Manufactured _____

Rafters Size _____ Species _____

Ceiling Joists Size _____ Species _____

Are all windows within 5' of tub or shower floor tempered?
 Yes _____ No _____

Is ice & water shield of 90# rolled roofing being using in all valley & eaves?

Yes _____ No _____

Does the entire roof have #15 felt paper? Yes _____ No _____

Do the submitted plans reflect what is being built? Yes _____ No _____
 If no, explain: _____

Are the plans reversed? Yes _____ No _____

(Grand Blanc Township DOES NOT ACCEPT reverse plans).

Signature: _____

PLEASE USE THIS PAGE FOR ANY REQUIRED SKETCHES OR CONSTRUCTION DRAWINGS

BUILDING PERMIT APPLICATION - GRAND BLANC TOWNSHIP
REQUIRED PLOT PLAN - SHOW ALL DIMENSIONS AND DISTANCES INCLUDING ANY RIGHT OF WAYS

LOCATE ALL OVERHEAD POWER LINES WITHIN 36 FEET OF PROPOSED CONSTRUCTION

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for plotting overhead power lines within a 36-foot radius of proposed construction.

V. APPLICANT INFORMATION
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

| | | | |
|------|-------|----------|---------------|
| NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NO. |

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 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 persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

I hereby certify that work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the building code and shall not be covered up, enclosed, or put into operation until it has been inspected and approved by the Township Inspector. I shall cooperate with the Township Inspector and I assume the responsibility to arrange for all necessary inspections.

| | |
|--|--|
| CONSTRUCTION COST - PROPOSED WORK: \$ _____ | PLEASE NOTE: PERMIT OR DENIAL WILL BE ISSUED WITHIN 20 DAYS OF SUBMISSION OF COMPLETE APPLICATION AND PLOT PLAN, UNLESS OTHERWISE NOTIFIED. |
|--|--|

SIGNATURE OF licensee or homeowner (homeowner signature indicates compliance with homeowner's affidavit)

X _____ | DATE: _____

VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

| ENVIRONMENTAL CONTROL APPROVALS | | | | | |
|---------------------------------|--------------------|----------|------|--------|----|
| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
| A Zoning | Yes _____ No _____ | | | | |
| B Fire Department | Yes _____ No _____ | | | | |
| C Pollution Control | Yes _____ No _____ | | | | |
| D Noise Control | Yes _____ No _____ | | | | |
| E Soil Erosion | Yes _____ No _____ | | | | |
| F Flood Zone | Yes _____ No _____ | | | | |
| G Health and Sanitation | Yes _____ No _____ | | | | |
| H Water Supply | Yes _____ No _____ | | | | |
| I Septic System | Yes _____ No _____ | | | | |
| J Variance Granted | Yes _____ No _____ | | | | |
| K Other | Yes _____ No _____ | | | | |

VII. VALIDATION - FOR DEPARTMENT USE ONLY

| | | | |
|--------------------------------|-------------------------|-------------------|---------------------------------|
| Use Group _____ | Construction Type _____ | Square Feet _____ | Permit Fee \$ _____ |
| | | | Insulation Fee \$ _____ |
| | | | Plan Review Fee \$ _____ |
| | | | TOTAL FEES DUE \$ _____ |
| APPROVAL SIGNATURE/TITLE _____ | | DATE _____ | |