



BUILDING PERMIT APPLICATION

****Mechanical,Electrical,Plumbing are separate forms and fees****

Required Documents:

- 1. COMPLETE PERMIT APPLICATION AND PERMIT APP FEE \$75.00 (NON REFUNDABLE)
- 2. PROOF OF OWNERSHIP
- 3. NEW ADDRESS FORM
- 4. ENGINEERED (SEALED) SITE PLAN
- 5. COMPLETED RES CHECK – FOR ALL NEW CONSTRUCTION OR ADDITIONS
- 6. BOUNDARY SURVEY IF NOT SHOWN ON SITE PLAN
- 7. TWO COPIES OF STAMPED LEGAL BLUEPRINTS
- 8. SOIL BORE TEST IF BUILDING ON WETLANDS/HIGH FLOOD ZONE RISK
- 9. VALID BUILDERS LICENSE COPY
- 10. COPY OF GENERAL LIABILITY INSURANCE
- 11. COPY OF WORKMAN’S COMPENSATION INSURANCE
- 12. COMPLETED CONTRACTOR REGISTRATION IF APPLICABLE (NON REFUNDABLE)
- 13. APPROVED WELL PERMIT IF APPLICABLE WITH ATTACHED PERC TEST -- ST CLAIR COUNTY HEALTH DEPARTMENT: 810-987-5306
- 14. APPROVED SEPTIC FIELD PERMIT IF APPLICABLE WITH ALL ATTACHED DRAWINGS -- ST CLAIR COUNTY HEALTH DEPARTMENT: 810-987-5306
- 15. WATER AND SEWER TAP FEES PAID IF APPLICABLE
- 16. SOIL EROSION PERMIT -- ST CLAIR COUNTY HEALTH DEPARTMENT: 810-987-5306
- 17. APPROVED CULVERT PERMIT -- ST CLAIR COUNTY ROAD COMMISSION: 810-364-5720
- 18. APPROVED PERMITS FROM THE STATE OF MICHIGAN FOR DEWATERING IF APPLICABLE OR FILLING, ALTERNATING WETLANDS OR BUILDING NEXT TO RIVER, LAKE OR STREAM – EGLE: 800-662-9278

The Building Department reserves the right to request additional information if not complete. Please allow 2-3 business days notice for inspections, fines assessed for working without requested inspections or work started without approved permitting.

\$75 re-inspection fee for unapproved work.

Submit the application with the \$75.00 application fee. Once approved, an invoice will be issued. After receiving payment, the permit will be ready for pick up.

Do not submit the application without the application fee.

If scope of work is out of ordinance , subject to plan review and applicable fees.



BUILDING PERMIT APPLICATION

List /draw more details about the project here. EXAMPLE- SQFT, LOCATION, SIZE

PROPERTY ADDRESS OR PARCEL NUMBER _____



CHINA TOWNSHIP

FOUNDED 1834, CHARTERED 1989

BUILDING PERMIT APPLICATION

JOB LOCATION																						
Street Address	Sub, Lot#, Building																					
Date of Application																						
Applicants Email Address																						
Owner's Name	Driver's License #																					
Owner's Address	State																					
Contact Person	Zip Code																					
Telephone Number																						
2. DESCRIPTION OF WORK: Circle or fill in blanks for EVERYTHING that applies to your project. *REQUIRED*																						
<table style="width: 100%; border: none;"> <tr> <td>TYPE:</td> <td>NEW BUILDING</td> <td>ADDITION</td> <td>ALTERATION</td> <td>REPAIR</td> <td>FIRE-REPAIR</td> <td>MOBILE HOME</td> </tr> <tr> <td></td> <td>AWNING</td> <td>FENCE</td> <td>DECK</td> <td>GARAGE</td> <td>ROOFING</td> <td>DEMOLITION</td> </tr> <tr> <td></td> <td colspan="2">SQ. FT.</td> <td colspan="2">OTHER:</td> <td colspan="2"></td> </tr> </table>		TYPE:	NEW BUILDING	ADDITION	ALTERATION	REPAIR	FIRE-REPAIR	MOBILE HOME		AWNING	FENCE	DECK	GARAGE	ROOFING	DEMOLITION		SQ. FT.		OTHER:			
TYPE:	NEW BUILDING	ADDITION	ALTERATION	REPAIR	FIRE-REPAIR	MOBILE HOME																
	AWNING	FENCE	DECK	GARAGE	ROOFING	DEMOLITION																
	SQ. FT.		OTHER:																			
POOL / SPA/ HOT TUB: ABOVE OR IN GROUND Gunite* Concrete* Fiberglass* Plastic*	CONCRETE: REPLACEMENT OR NEW Stairs* Front porch* Rear porch* Side Porch* Shed pad* Garage Floor*	FINISHED BASEMENT: SQ. FT. OR APPROX % FINISHED _____ BATH: Sink* Toilet* Tub* Shower* Jacuzzi* # Bedrooms: Wet bar* Kitchen* Fireplace*																				
RESIDENTIAL:	SINGLE FAMILY No. of stories _____	TWO OR MORE FAMILY No. of units _____	HOTEL/ MOTEL No. of units _____																			
NON-RESIDENTIAL:	THEATER/ SOCIAL HALL PUBLIC UTILITY	STORE SCHOOL	REPAIRS/ GAS STATION HOSPITAL																			
ESTIMATED VALUE OF CONSTRUCTION: *REQUIRED*		DESCRIPTION OF WORK: *REQUIRED*																				
		SQFT _____																				
3. CONTRACTOR INFORMATION (LICENSES & PROOF OF INSURANCE REQUIRED AT TIME OF SUBMITTAL)																						
Contractor Name		Driver's License																				
Contractor Address		City	State																			
		Zip Code																				
Telephone Number	Date of Birth	Federal Employer ID Number (or reason for exemption)																				
Worker's Compensation Insurance (or reason for exemption)		Contractors Email																				
Contractor License Type		License Number	Expiration																			
<p>BY SIGNING THIS APPLICATION I 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 THE AUTHORIZED AGENT. WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF Cottrellville Township. ALL INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.</p> <p>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 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.</p>																						
SIGNATURE OF APPLICANT (Homeowner must also sign affidavit - Item #4)																						
4. HOMEOWNER AFFIDAVIT																						
<p>I hereby certify the work described on this building 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 or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.</p>																						
Signature of Homeowner			Date																			