

**RILEY TOWNSHIP**  
**13042 BELLE RIVER RD.**  
**RILEY TOWNSHIP, MI 48041**  
**Phone (810)392-2326 FAX (810)392-2918**

www.michigan.gov/bcc

Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Applicant to Complete All Items in Sections I, II, III, IV V and VI**

**Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits**

<b>I. Project or Facility Information</b>			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		OF:	
BETWEEN		AND	

<b>II. Applicant/Facility Contact Information</b>			
<b>A. Applicant</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>B. Owner or Lessee</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>C. Architect or Engineer</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
<b>D. Contractor</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			





**VI. Signature**

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.

SIGNATURE OF OWNER (Required)	TYPE OR PRINT  Date: _____
SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT  Date: _____
BUILDING PERMIT FEE ENCLOSED (The first \$75.00 of an application is non-refundable) \$ _____ (Includes \$50.00 Certificate of Occupancy Fee) OR STATE ACCOUNT NUMBER _____	

**VII. Local Governmental Agency to Complete This Section**

**ENVIRONMENTAL CONTROL APPROVALS**

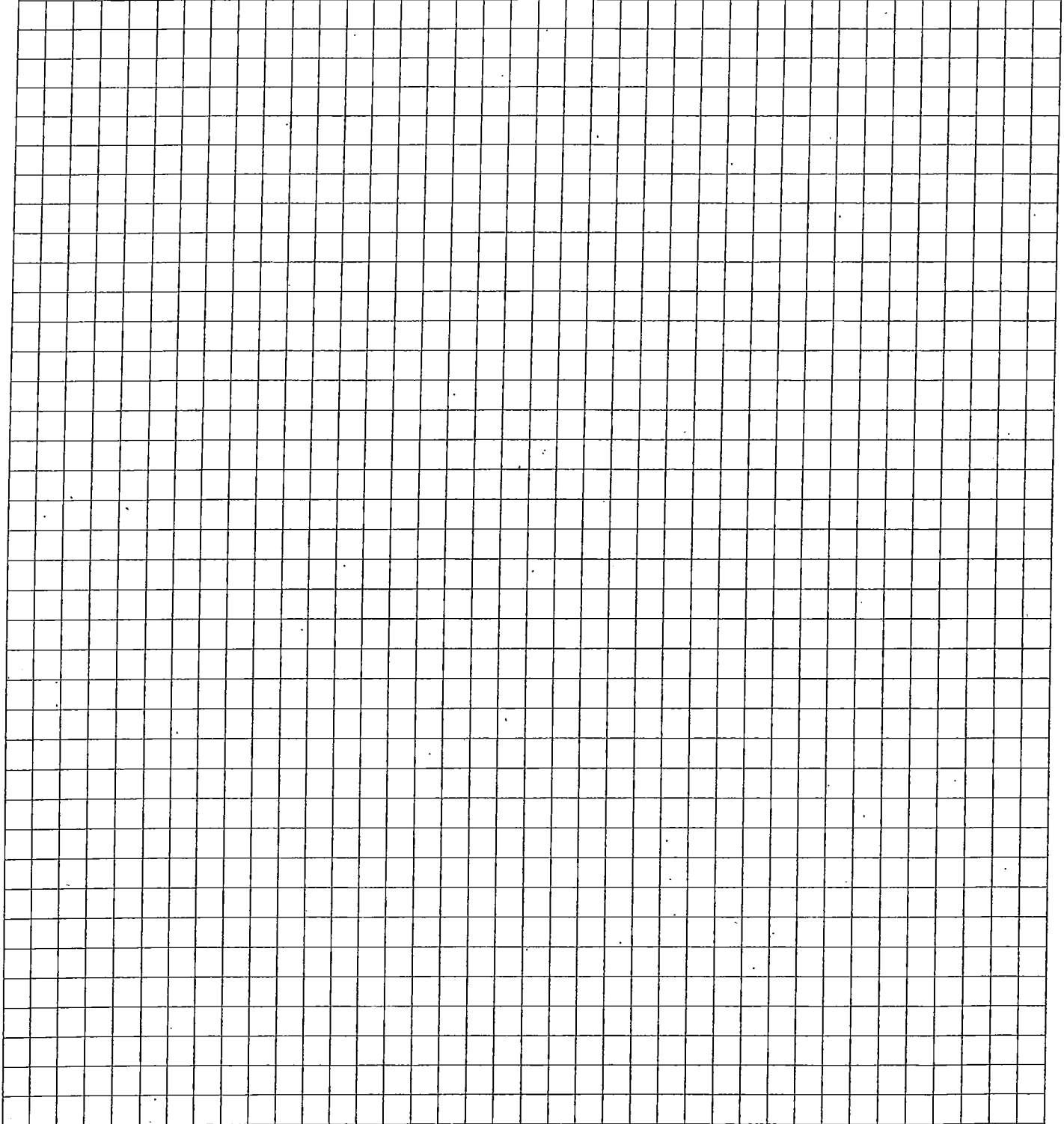
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> 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 - Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - Variance Granted	<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 _____	APPLICATION FEE (non-refundable) \$ _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____ \$ _____
SQUARE FEET _____	CERTIFICATE OF OCCUPANCY; <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	TOTAL \$ _____
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____

MUST SHOW ALL BUILDINGS ON SITE OR PLOT PLAN. MUST SHOW ALL 4 SIDES,  
DIATANDE TO PROPERTY LINES & CORNERS.LOTS REQUIRE BOTH ROAD SETBACK.MUST HAVE,  
PRIVATE SEWAGE DISPOSAL SYSTEM, WELL, AND EDISON POLES CLEARLY MARKED

IX. Site or Plot Plan - For Applicant Use



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE



ZONING APPROVAL SIGNATURE  
DATE: \_\_\_\_\_

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 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OF THE DATE OF A PREVIOUS INSPECTIONS. CLOSED PERMITS CANNOT BE REFUNDED. PLEASE CONTACT THE RILEY TOWNSHIP OFFICE IF THE ISSUED PERMIT HAS BECOME INVALID.**