

**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 - EMAIL:</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 - EMAIL:</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>B. Owner or Lessee - EMAIL:</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>C. Architect or Engineer - EMAIL:</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER		EXPIRATION DATE	
<b>D. Contractor - EMAIL:</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)			



**III. Type of Job**

**A. Type of Improvement**

NEW BUILDING     ALTERATION     DEMOLITION     FOUNDATION ONLY     RELOCATION  
 ADDITION     REPAIR     MOBILE HOME SET-UP     PREMANUFACTURE     SPECIAL INSPECTION

**B. Plan Review Required**

A set of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.

Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$16,000 in total construction cost.

For buildings regulated by the Michigan Building Code, a set of construction documents must be submitted with a separate Application for Plan Examination, the appropriate fee, and approved before a building permit can be issued.

BCC Plan Review Number \_\_\_\_\_ School Site Plan Review Number (if different) \_\_\_\_\_

**IV. Plan Review Information**

**A. Residential - Buildings Regulated by the Michigan Residential Code**

ONE FAMILY     TOWNHOUSE     DETACHED GARAGE  
 NO. OF UNITS \_\_\_\_\_  
 TWO OR MORE FAMILY     ATTACHED GARAGE     OTHER \_\_\_\_\_  
 NO. OF UNITS \_\_\_\_\_

**B. Buildings Regulated by the Michigan Building Code**

(A-1) ASSEMBLY (THEATRES, ETC.)     (H-1) HIGH HAZARD (DETONATION)     (M) MERCANTILE  
 (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)     (H-2) HIGH HAZARD (DEFLAGRATION)     (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)  
 (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)     (H-3) HIGH HAZARD (COMBUSTION)     (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)  
 (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)     (H-4) HIGH HAZARD (HEALTH HAZARD)     (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)  
 (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)     (H-5) HIGH HAZARD (HPM)     (R-4) RESIDENTIAL 4 (ASSISTED LIVING)  
 (B) BUSINESS     (I-1) INSTITUTIONAL 1 (SUPERVISED)     (S-1) STORAGE 1 (MODERATE HAZARD)  
 (E) EDUCATION     (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)     (S-2) STORAGE 2 (LOW HAZARD)  
 (F-1) FACTORY (MODERATE HAZARD)     (I-3) INSTITUTIONAL 3 (PRISONS ETC.)     (U) UTILITY (MISCELLANEOUS)  
 (F-2) FACTORY (LOW HAZARD)     (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)

Alteration, repairs and additions - Provide a description of the work to be covered by the building permit. As examples; 20,000 square foot school roof covering, building a 2,300 square foot school addition, replace 5 exterior doors, renovate basement in a residence, etc.

**V. Building Data**

**A. Type of Mechanical**

WILL THERE BE FIRE SUPPRESSION?  YES  NO

**B. Type of Construction**

1A - Non Combustible (Protected Structural Elements) 3HR     1B - Non Combustible (Rated Structural Elements) 2HR     2A - Non Combustible (Rated Structural Elements) 1HR  
 2B - Non Combustible (Non Rated Structural Elements)     3A - Non Combustibles (Exterior Walls Only)     3B - Non Combustible (Bearing Walls Rated)  
 4 - Heavy Timber     5A - Combustible (Structural Elements Rated) 1HR     5B - Combustible (All Elements Not Rated)

**C. Dimensions / Data**

FLOOR AREA:	EXISTING	ALTERATIONS	NEW	Other permits with project:
BASEMENT	_____	_____	_____	[ ] Plumbing
1ST & 2ND FLOOR	_____	_____	_____	[ ] Mechanical
3RD - 10TH FLOOR	_____	_____	_____	[ ] Electrical
11TH - ABOVE	_____	_____	_____	[ ] Zoning
TOTAL AREA	_____	_____	_____	Cost of Improvement \$ _____

**D. Number of Off Street Parking Spaces**

ENCLOSED \_\_\_\_\_ OUTDOORS \_\_\_\_\_

**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**

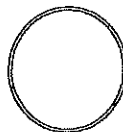
USE GROUP _____	APPLICATION FEE (non-refundable) \$ _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____ \$ _____
SQUARE FEET _____	CERTIFICATE OF OCCUPANCY; <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
TOTAL \$ _____	
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____

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

A large grid for drawing a site or plot plan. The grid is composed of 20 columns and 30 rows of small squares, providing a scale for the applicant to draw the site details.

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.



FILL OUT **ONLY**  
IF APPLICABLE FOR PROJECT

St. Clair County Road Commission  
21 Airport Drive  
St. Clair, MI 48079-1404  
Phone Number: (810) 364-5720  
Fax Number: (810) 966-2548

**DRIVEWAY PERMIT RELEASE**

TOWNSHIP: _____	CONTACT NAME: _____
PHONE: _____	FAX: _____

PERMIT HOLDER: _____
CULVERT LOCATION: _____
CROSS STREET 1: _____ CROSS STREET 2: _____
DRIVEWAY PERMIT NUMBER: _____

TO BE COMPLETED BY ROAD COMMISSION:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> CORRECTIVE ACTION NEEDED:
ADDITIONAL INFORMATION:	
_____	
_____	
_____	
_____	
SIGNATURE: _____	DATE: _____