

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

www.michigan.gov/bcc

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|--|--|
| 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

| | | | |
|--|-------|-----------------|--------------------------------------|
| I. Project or Facility Information - EMAIL: | | | |
| 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 | |
| II. Applicant/Facility Contact Information | | | |
| A. Applicant - EMAIL: | | | |
| NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| B. Owner or Lessee - EMAIL: | | | |
| NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| C. Architect or Engineer - EMAIL: | | | |
| NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor - EMAIL: | | | |
| 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 _____ |



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: _____ |