



Building Permit Application

Windsor Charter Township
Building & Trades Department
300 W. Jefferson St
Dimondale, MI 48821
www.windsortownship.org
Inspection Line: 517.646.0040

Permit #:		
Receipt #:		

Authority: 1972 PA 230 Penalty: Failure to provide th	e information may result i	n denial of your request.											
Project or Facility Infor	mation												
PROJECT NAME				ADDRESS									
V	Vindsor Charte	Township	CITY				ZIP CODE						
COUNTY	BETWEEN			AND	ı								
COUNT	BETWEEN			AND									
		-					_	-					
Applicant			I E MAN										
NAME				E-MAIL									
ADDRESS		CITY		STATE		ZIP CODE	TELEPHONE N	NUMBER (Include Area Code)					
Owner of the land in fe	e on which the hu	ilding or structur	a will be constructed	<u> </u>									
NAME	e on which the bu	inding of structure	e will be constructed	ADDRESS									
CITY		STATE		ZIP CODE			TELEPHONE N	NUMBER (Include Area Code)					
Cost and Fees		<u> </u>											
ESTIMATED PROJECT COST													
\$													
Re-Open Expired Permi	t Fee												
то орон дириод г они		+ -											
	Ī												
CERTIFICATE OF OCCUPANC	Y FEE	BUILDING PERMIT FEE (The first \$100.00 of an	E ENCLOSED										
□YES □	NO	non-refundable)	\$			_							
Validation – For Depart	ment Use Only					Vali	idation Area						
	FOR OFFICE U	JSE ONLY											
	Administration	Fee: \$65.00		-									
Total Valua	tion	Dor	mit Fee	-									
Total valua	MOH	Pel											
Requirements	Required	Received	Not Required	_									
Contractor Registration			,	-									
Zoning				-									
Plans				1									
Truss Drawings													
Energy Comp/Blower Door													
Comm. Plan Review Fee													

Residential builder or l	Residential mainte	nance and alt	eration contrac	tor										
NAME		COMPANY NAM	E		ADDRESS									
CITY		STATE			ZIP CODE		TELEPHONE NUMBER (Include Area Code)							
STATE OF MICHIGAN LICENSI	E NUMBER						EXPIRATION D	PATE						
FEDERAL EMPLOYER ID NUM	BER (or reason for exemp	tion)		WORKERS	COMP INSURANCE C	CARRIER	t (or reason for ex	emption)						
UNEMPLOYMENT INSURANC	UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)													
Purpose of Project														
NEW BUILDING	ALTERATION	Прем	OLITION		☐ FOUNDA	TION ON	ΙΥ	RELOCATION						
ADDITION	REPAIR	_	SILE HOME SET-UP		PREMANI			OTHER						
Plan Review Required														
Two sets of construction or professional engineer is 3,500 square feet of calculuriting, verified by affidate to scale of the proposed of the other buildings or structure for buildings regulated for Plan Examination, the Plan Review Number	n accordance with 1 ulated floor area and vit of the individual r work. Applicant mus ctures on the same by the Michigan E ne appropriate fee	980, PA 299 as d public works I making it, of the it also submit a premises. Building Code and approve	amended. The sess than \$15,00 especifications finance site plan showing, two sets of cod before a build	seal and sign to in total co for the build ng the dimen	nature is not requent rection cost. ing or structure, assions, and the look documents mu	nired for Applic and ful ocation	r one- and two ant must sub I and comple of the propos	-family dwellings les mit a detailed state te copies of the pla sed building or struc	s than ement in ns drawn cture and					
If project is exempt from Plan Review, identify basis for exemption:														
Residential - Buildings Regulated by the Michigan Residential Code														
ONE FAMILY			TOWNHOUSE NO. OF UNITS_				☐ DETACH	IED GARAGE						
TWO OR MORE FAMILY NO. OF UNITS	<u></u>		ATTACHED GAR	RAGE		OTHER								
Buildings Regulated by	y the Michigan Bui	ilding Code												
(A-1) ASSEMBLY (THEATR (A-2) ASSEMBLY (RESTAI (A-3) ASSEMBLY (CHURC (A-4) ASSEMBLY (INDOOF (A-5) ASSEMBLY (OUTDOO (B) BUSINESS (E) EDUCATION (F-1) FACTORY (MODERA	JRANTS, BARS, ETC.) HES, LIBRARIES, ETC.) R SPORTS, ETC.) OR SPORTS, ETC.) TE HAZARD)		(H-1) HIGH HAZARD (H-2) HIGH HAZARD H-3) HIGH HAZARD (H-4) HIGH HAZARD (H-5) HIGH HAZARD (I-1) INSTITUTIONAL (I-2) INSTITUTIONAL (I-3) INSTITUTIONAL	(DEFLAGRATI (COMBUSTION) (HEALTH HAZ (HPM) .1 (SUPERVISE _2 (HOSPITAL:	ON) A) CARD) ED) S ETC.)		R-2) RESIDENTIA R-3) RESIDENTIA R-4) RESIDENTIA S-1) STORAGE 1 S-2) STORAGE 2	E AL 1 (HOTELS, MOTELS AL 2 (MULTIPLE FAMILY) AL 3 (1 & 2 FAMILY) AL 4 (ASSISTED LIVINIG) (MODERATE HAZARD) 2 (LOW HAZARD) SCELLANEOUS))					
WILL THERE BE FIRE SUPPRESSION? YES NO SCOPE OF WORK? Type of Construction														
						_								
1A - Non-Combustible (Prol 2B - Non-Combustible (Non 4 - Heavy Timber		ts) 🔲 3A	Non-Combustible (For Non-Combustible)Combustible (Struct	(Exterior Walls	Only)	□ 3	B - Non-Combust	ole (Rated Structural Elem tible (Bearing Walls Rated All Elements Not Rated)	,					
C. Dimensions / Data														
FLOOR AREA:	EXISTING	ALTE	RATIONS	NEW										
BASEMENT														
1ST & 2ND FLOOR														
3RD FLOOR & ABOVE														
TOTAL AREA														

Si	Site or Plot Plan - For Applicant Use																											
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Local Governmental Agency to Complete This Section												
CONTROL APPROVALS												
	REQUIRED?	APPROVED	DATE	NUMBER	ВҮ							
A - Zoning	☐ Yes ☐ No ☐ NA											
B - Fire District	☐ Yes ☐ No ☐ NA											
C - Health Department	☐ Yes ☐ No ☐ NA											
D - Soil Erosion	☐ Yes ☐ No ☐ NA											
E - Flood Zone	☐ Yes ☐ No ☐ NA											

General: Building work shall not be started until the permit has been issued by the Windsor Charter Township Building & Trades Dept All installations shall be in compliance with the Michigan Building Codes. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible and provide the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.

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 OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.

Where to Submit Application: Windsor Charter Township Building & Trades Department 300 W Jefferson St Dimondale, Michigan 48821 for more information see: www.windsortownship.com and contact the INSPECTION LINE: 517.646.0040 with any questions.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a per licensing requirements of this state relating to persons who are to perform work on a residential bu section 23a are subjected to civil fines.	
I,(name),(tire and plans submitted with this application are true and complete and contain a correct description of the built work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a pmake the statements and attestations contained in this application under MCL 125.1510(2).	
SIGNATURE	DATE