



**Building Permit Application**  
Windsor Charter Township  
Building & Trades Department  
300 W. Jefferson St  
Dimondale, MI 48821  
www.windsortownship.org  
Inspection Line:  
517.919.1566, Option #5,  
Tues, Thurs 9:00am - 4:00pm

[Print](#)[Clear](#)

Permit #:

Receipt #:

|                                                                                                             |            |
|-------------------------------------------------------------------------------------------------------------|------------|
| Authority: 1972 PA 230<br>Penalty: Failure to provide the information may result in denial of your request. | Parcel ID: |
|-------------------------------------------------------------------------------------------------------------|------------|

**Project or Facility Information**

|                          |                   |         |          |
|--------------------------|-------------------|---------|----------|
| PROJECT NAME             |                   | ADDRESS |          |
| Windsor Charter Township |                   | CITY    | ZIP CODE |
| COUNTY                   | Nearest Crossroad |         |          |

**Applicant**

|         |      |        |          |                                      |
|---------|------|--------|----------|--------------------------------------|
| NAME    |      | E-MAIL |          |                                      |
| ADDRESS | CITY | STATE  | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |

**Owner of the land in fee on which the building or structure will be constructed**

|      |       |          |                                      |  |
|------|-------|----------|--------------------------------------|--|
| NAME |       | ADDRESS  |                                      |  |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |  |

**Work Description:**

|                                                          |  |
|----------------------------------------------------------|--|
| ESTIMATED PROJECT COST                                   |  |
| \$ _____                                                 |  |
| Re-Open Expired Permit Fee                               |  |
|                                                          |  |
| CERTIFICATE OF OCCUPANCY FEE                             |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

**Validation – For Department Use Only****Validation Area**

|                                    |          |            |              |
|------------------------------------|----------|------------|--------------|
| <b>FOR OFFICE USE ONLY</b>         |          |            |              |
| <b>Administration Fee: \$65.00</b> |          |            |              |
| Total Valuation                    |          | Permit Fee |              |
| Requirements                       | Required | Received   | Not Required |
| Contractor Registration            |          |            |              |
| Zoning                             |          |            |              |
| Plans                              |          |            |              |
| Truss Drawings                     |          |            |              |
| Energy Comp/Blower Door            |          |            |              |
| Comm. Plan Review Fee              |          |            |              |

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Nichlas Kurncz, Building Official, Windsor Charter Township

|                                                                                 |       |                                                          |                                      |
|---------------------------------------------------------------------------------|-------|----------------------------------------------------------|--------------------------------------|
| <b>Contractor:</b>                                                              |       |                                                          |                                      |
| NAME                                                                            |       | COMPANY NAME                                             | ADDRESS                              |
| CITY                                                                            | STATE | ZIP CODE                                                 | TELEPHONE NUMBER (Include Area Code) |
| STATE OF MICHIGAN 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) |       |                                                          |                                      |

|                                       |                                     |                                             |                                          |                                      |
|---------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------|--------------------------------------|
| <b>Purpose of Project</b>             |                                     |                                             |                                          |                                      |
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> DEMOLITION         | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> RELOCATION  |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> REPAIR     | <input type="checkbox"/> MOBILE HOME SET-UP | <input type="checkbox"/> PREMANUFACTURE  | <input type="checkbox"/> OTHER _____ |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Plan Review Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Three (3) sets of construction documents are required with each application for a permit. 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 \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises. |  |
| <b>For buildings regulated by the Michigan Building Code, three (3) sets 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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

|                          |
|--------------------------|
| Plan Review Number _____ |
|--------------------------|

|                                                                            |
|----------------------------------------------------------------------------|
| If project is exempt from Plan Review, identify basis for exemption: _____ |
|----------------------------------------------------------------------------|

|                                                                           |                                                          |                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| <b>Buildings Regulated by the Michigan Residential Code - Residential</b> |                                                          |                                          |
| <input type="checkbox"/> ONE FAMILY                                       | <input type="checkbox"/> TOWNHOUSE<br>NO. OF UNITS _____ | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____         | <input type="checkbox"/> ATTACHED GARAGE                 | <input type="checkbox"/> OTHER _____     |

|                                                                       |                                                                 |                                                                |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|
| <b>Buildings Regulated by the Michigan Building Code - Commercial</b> |                                                                 |                                                                |
| <input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)              | <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)         | <input type="checkbox"/> (M) MERCANTILE                        |
| <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)     | <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)       | <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)  |
| <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)   | <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)         | <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY) |
| <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)         | <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)      | <input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)    |
| <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)        | <input type="checkbox"/> (H-5) HIGH HAZARD (HPM)                | <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) |
| <input type="checkbox"/> (B) BUSINESS                                 | <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)     | <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)     |
| <input type="checkbox"/> (E) EDUCATION                                | <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) | <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)          |
| <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)              | <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)   | <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)           |
| <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)                   | <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)  |                                                                |

|                                                                                          |
|------------------------------------------------------------------------------------------|
| WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------------------------------------------------------------------|

|                                                                                   |                                                                               |                                                                               |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Type of Construction</b>                                                       |                                                                               |                                                                               |
| <input type="checkbox"/> 1A - Non-Combustible (Protected Structural Elements) 3HR | <input type="checkbox"/> 1B - Non-Combustible (Rated Structural Elements) 2HR | <input type="checkbox"/> 2A - Non-Combustible (Rated Structural Elements) 1HR |
| <input type="checkbox"/> 2B - Non-Combustible (Non-Rated Structural Elements)     | <input type="checkbox"/> 3A - Non-Combustibles (Exterior Walls Only)          | <input type="checkbox"/> 3B - Non-Combustible (Bearing Walls Rated)           |
| <input type="checkbox"/> 4 - Heavy Timber                                         | <input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR     | <input type="checkbox"/> 5B - Combustible (All Elements Not Rated)            |

|                             |          |             |       |
|-----------------------------|----------|-------------|-------|
| <b>C. Dimensions / Data</b> |          |             |       |
| FLOOR AREA:                 | EXISTING | ALTERATIONS | NEW   |
| BASEMENT                    | _____    | _____       | _____ |
| 1ST & 2ND FLOOR             | _____    | _____       | _____ |
| 3RD FLOOR & ABOVE           | _____    | _____       | _____ |
| TOTAL AREA                  | _____    | _____       | _____ |



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.

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|