

**HARTFORD TOWNSHIP**61130 CR 687  
Hartford, MI 49057**APPLICATION FOR BUILDING PERMIT**www.hartfordtownship.org  
Chuck Moore, Building Inspector 269-569-0015

Applicant to Complete all items in Section I, II, III, IV, V &amp; VI

Note: Separate Applications must be completed for Plumbing, Mechanical, &amp; Electrical Work Permits

**I. PROJECT INFORMATION**

<b>NAME:</b>	<b>ADDRESS:</b>	
<b>CITY:</b>		<b>ZIP:</b>
<b>BETWEEN</b>	<b>AND</b>	

**II. IDENTIFICATION**

<b>Owner NAME:</b>	<b>ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP:</b>	<b>PHONE:</b>
<b>Architect or Engineer:</b>	<b>ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP:</b>	<b>PHONE:</b>
<b>LICENSE #</b>	<b>Expiration Date:</b>	
<b>Contractor:</b>	<b>ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP:</b>	<b>PHONE:</b>
<b>LICENSE #</b>	<b>Expiration Date:</b>	
<b><u>Federal Employer ID Number or Reason for Exemption:</u></b>		
<b><u>Workers Comp Insurance Carrier or Reason for Exemption:</u></b>		
<b><u>MESC Number or Reason for Exemption:</u></b>		

**III. A. TYPE OF IMPROVEMENT**

1.  New Building    2.  Alteration    3.  Demolition    4.  Foundation Only    5.  Relocation  
 6.  Addition    7.  Repair    8.  Mobil Home Set-up    9.  Pre-manufacture    10.  Special Inspection

**COST OF IMPROVEMENT \$** \_\_\_\_\_**III. B. PLAN REVIEW REQUIRED**

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for alterations and repair work determined by the building official to be of a minor nature.

Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission No. \_\_\_\_\_

**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL**

1.  One Family    2.  Hotel, Motel No. of Units \_\_\_\_\_    3.  Detached Garage  
 4.  Attached Garage    5.  Two or More Family No. of Units \_\_\_\_\_    6.  Other \_\_\_\_\_



**VI. APPLICANT INFORMATION**

NAME:	ADDRESS:		
CITY:	STATE:	ZIP:	Phone:
FEDERAL EMPLOYER ID NO. (Or reason for exemption):			

I HEARBY 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 1072, 1072 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. Violations of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT:	PERMIT FEE: \$ _____
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A-ZONING	YES <input type="checkbox"/> NO <input type="checkbox"/>				
B-FIRE DISTRICT	YES <input type="checkbox"/> NO <input type="checkbox"/>				
C-POLLUTION CONTROL	YES <input type="checkbox"/> NO <input type="checkbox"/>				
D-NOISE CONTROL	YES <input type="checkbox"/> NO <input type="checkbox"/>				
E-SOIL EROSION	YES <input type="checkbox"/> NO <input type="checkbox"/>				
F-FLOOD ZONE	YES <input type="checkbox"/> NO <input type="checkbox"/>				
G-WATER SUPPLY	YES <input type="checkbox"/> NO <input type="checkbox"/>				
H-SEPTIC SYSTEM	YES <input type="checkbox"/> NO <input type="checkbox"/>				
I-VARIANCE GRANTED	YES <input type="checkbox"/> NO <input type="checkbox"/>				
J-OTHER	YES <input type="checkbox"/> NO <input type="checkbox"/>				

**VII. VALIDATION—FOR DEPARTMENT USE ONLY**

USE GROUP _____	BASE FEE _____	TYPE OF CONSTRUCTION _____
NUMBER OF INSPECTIONS _____	LOT WIDTH _____	SQUARE FEET _____ SETBACKS _____
LIVING AREA _____	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>

APPROVAL SIGNATURE	
TITLE	DATE

