



6878 Belding Road NE, Rockford, MI 49341 \* Ph. (616) 874-6966 \* Fax: (616) 874-8940 \* www.cannontwp.org

**BUILDING PERMIT APPLICATION**  
*Separate applications must be completed for plumbing,  
 mechanical & electrical permits.*

<b>I. PROJECT INFORMATION</b>		DATE OF APPLICATION: _____
PROJECT NAME	ADDRESS OF PROJECT	
General Location (nearest cross streets):		
PERMANENT PARCEL NUMBER	ZONING DISTRICT	

**II. APPLICANT INFORMATION**

**A. OWNER OR LESSEE INFORMATION**

NAME	ADDRESS	OWNER E-MAIL ADDRESS
CITY	STATE	ZIP CODE
		PHONE NUMBER

**B. ARCHITECT OR ENGINEER INFORMATION**

NAME	ADDRESS	E-MAIL ADDRESS
CITY	STATE	ZIP CODE
		PHONE NUMBER
LICENSE NUMBER	EXPIRATION DATE	

**C. CONTRACTOR INFORMATION**

NAME	ADDRESS	E-MAIL ADDRESS
CITY	STATE	ZIP CODE
		PHONE NUMBER
BUILDERS LICENSE NUMBER	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW**

**A. RESIDENTIAL:**

<input type="checkbox"/> New Single-Family Home	<input type="checkbox"/> Remodel/Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Home Addition	<input type="checkbox"/> Accessory Building Addition	<input type="checkbox"/> Mobile Home Set Up	<input type="checkbox"/> Premanufactured	<input type="checkbox"/> Special Inspection
<input type="checkbox"/> Shed	<input type="checkbox"/> Pole Building	<input type="checkbox"/> Deck Addition	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Other

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PLEASE PROVIDE ADDITIONAL DETAILS FOR THE PROPOSED CONSTRUCTION:

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\_\_\_\_\_

\_\_\_\_\_

**B. NON-RESIDENTIAL:**

<input type="checkbox"/> Amusement <input type="checkbox"/> Church/Religion <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility	<input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Store, Mercantile <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other _____
NON-RESIDENTIAL-Describe in detail proposed use of building. If use of an existing building is being changed, enter proposed use.		
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**PLAN REVIEW REQUIRED FOR NON-RESIDENTIAL CONSTRUCTION**

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 Inspector 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 Number \_\_\_\_\_

**IV. CHARACTERISTICS OF BUILDING**

A. PRINCIPAL TYPE OF FRAME	<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete
<input type="checkbox"/> Other _____				

**B. PRINCIPAL TYPE OF HEATING FUEL**

<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other _____
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**C. TYPE OF SEWAGE DISPOSAL**

<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Septic System
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**D. TYPE OF WATER SUPPLY**

<input type="checkbox"/> Private Well or Cistern	<input type="checkbox"/> Public (Private well system)	<input type="checkbox"/> Public (Municipal)
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**E. TYPE OF MECHANICAL**

Will there be Air Conditioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be Fire Suppression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**F. DIMENSIONAL AND OTHER INFORMATION**

FEATURE	EXISTING	PROPOSED	OTHER INFORMATION
Building Height			Use Group: _____ Number of Occupants: _____ Construction Type: _____ Length of driveway: _____ Roof Pitch: _____
Floor Area (basement)			
Floor Area (first floor)			
Floor Area (second floor)			
Storage area			
<b>TOTAL AREA</b>			

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 person who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

Signature of Applicant \_\_\_\_\_

Zoning Approval \_\_\_\_\_

**\*\*\*Required prior to issuance of a building permit\*\*\***

**V. Building Permit Fee Schedule**

Base Fee for buildings up to \$1000 in value - \$50.00, plus \$1.00 for each additional one hundred dollars in value.	Approximate value of project: \$ _____
Base fee for buildings over \$10,000 in value - \$140.00, plus \$3 for each additional thousand dollars in value.	<b>FEE TOTAL:</b> \$ _____
Additional inspections, reinspections or hourly inspections will be charged at a rate of \$50.00. MAKE CHECKS PAYABLE TO "CANNON TOWNSHIP"	

**IX. Instructions for Completing Application**

**General:** Work shall not be started until the application for permit has been filed. All work shall be in conformance with the Michigan Building Code. When ready for an inspection, call Imperial Municipal Services at 1-800-442-2794 or 616-863-9294 OR schedule online from www.cannontwp.org. Job location and permit number will be required to schedule an inspection.

**Expiration of Permit:** A permit remains valid if work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

AUTHORITY: 1972 PA230  
 COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: PERMIT CAN NOT BE ISSUED