

**BYRON TOWNSHIP
BUILDING PERMIT APPLICATION**

8085 Byron Center Ave SW., Byron Center, MI 49315
616-878-9155/Fax 616-878-0699

Applicant to complete all items in Section I, II, III, IV, V
Note: Separate applications must be completed for plumbing, mechanical and electrical permits

I – Project Information – Date: _____

Project Name	Address		
Post Office	Tax Parcel #	41-21-	
Cross Streets	Zip Code		

II – Identification

A – Owner or Lessee

Name		Address		
City	State	Zip Code	Telephone#	

B – Architect or Engineer

Name		Address		
City	State	Zip Code	Telephone#	
License Number	Exp. Date	Fax #		

C - Contractor

Name		Address		
City	State	Zip Code	Telephone#	
Builder's License Number	Exp. Date	Fax #		
Federal Employer ID Number or Reason for Exemption				
Worker Comp. Insurance Carrier or Reason for Exemption				
MESCC Employer Number or Reason for Exemption				

III – Type of Improvement and Plan Review

A – Type of Improvement

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Swimming Pool |

B – Review(s) To Be Performed (Commercial/Industrial) *Building Plan Review Fee=Total Cost x .001, min. \$50.00*

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Foundation | <input type="checkbox"/> Fire Protection |

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IV – Proposed Use of Building

A – Residential

Description

- | | | |
|---|---|---|
| <input type="checkbox"/> One Family | <input type="checkbox"/> Residential Accessory Building | |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Other – Describe _____ |
| <input type="checkbox"/> Three or More Family | <input type="checkbox"/> Detached Garage | _____ |

B – Commercial/Industrial

- | | | |
|--|---|--|
| <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Hospital Institutional | <input type="checkbox"/> Store, Merchantile |
| <input type="checkbox"/> Church/Religious Bldg | <input type="checkbox"/> Office, Bank, Professional | <input type="checkbox"/> Tanks, Towers |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Other- Describe _____ |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Restaurant/Eating Facility | _____ |

Number of Stories _____

Number of Occupants _____

Construction Type _____

Use Group _____

C – Specifications

Construction Type

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Other – Describe _____ |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Reinforced Concrete | _____ |

Foundation Type

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Wolmanized Wood | <input type="checkbox"/> Other – Describe _____ |
|-----------------------------------|--|---|

Building Size

Width _____ feet

Length _____ feet

Structure Square Feet

1st Floor _____ sq. feet 2nd Floor _____ sq. feet 3rd Floor _____ sq. feet

Finished Basement _____ sq. feet Area to be Remodeled _____ sq. feet

Attached Garage _____ sq. feet Signage _____ sq. feet

Heating and Cooling

Principal Fuel Gas Oil Electric Other-Describe _____

Type of Unit Forced Air Hot Water In-Floor Heat (Basement)

Air Conditioning Yes No

Estimated cost of erecting, repairing, or remodeling (including cost of plumbing, heating, electrical wiring and all material and labor whether by owner or contract): \$ _____

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V- Applicant Information and Signature

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Applicant Name	Address		
City	State	Zip	Telephone #

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 the application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan and the Township of Byron.. 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 PA230, 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 subject to civil fines.

I assume responsibility for contracting the township for all required inspections for the permit(s) requested.

Applicant Signature

SURVEY IS REQUIRED TO BE PRESENTED TO ZONING OFFICIAL PRIOR TO START OF ROUGH-IN.

*Surveys shall include all setbacks and minimum building elevations as established.
***The Builder shall be responsible for compliance of setbacks & minimum building elevations.**

VI – Validation – for Building Inspector Use Only	
Use Group _____	Base Fee _____
Type of Construction _____	Number of Inspections _____
Square Feet _____	
_____ Inspector Signature	_____ Date