



Building Permit Application
 Flushing Township
 6524 N Seymour Rd,
 Flushing Township, MI 48433
 Phone: 810-659-0800 Fax: 810-659-4212
 Office Hours: M-Th 8am-6pm (closed Friday)

Building Permit # _____
 Application Date: _____

Applicant to Complete all items in Sections I, II, III, V, VI, VII and VIII
Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. PROJECT OR FACILITY INFORMATION		ALL INFORMATION MUST BE LEGIBLE	
Project Name			
Address			
Subdivision	Parcel I.D. #	Lot #	
II. APPLICANT/FACILITY CONTACT INFORMATION			
A. APPLICANT			
Name		Telephone	
Address		E-mail	
City	State	Zip Code	Fax
B. OWNER OR LESSEE			
Name		Telephone	
Address		E-mail	
City	State	Zip Code	Fax
C. CONTRACTOR			
Name		Telephone	
Address		E-mail	
City	State	Zip Code	Fax
Builders License Number		Expiration Date	
Federal Employer ID Number (or reason for exemption)			
Workers Comp Insurance Carrier	Policy Number		Expiration Date
Liability Insurance Name	Policy Number		Expiration Date
UIA Number (or reason for exemption)			
D. ARCHITECT OR ENGINEER			
Name		License Number	
Address		Expiration Date	
City	State	ZIP Code	
Phone	Fax	E-mail	

III. TYPE OF IMPROVEMENT				
<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"/> Premanufactured	<input type="checkbox"/> Special Inspection
IV. PLAN REVIEW REQUIRED				
A set of construction documents are required with each application for a permit, unless waived by the Building Official when code compliance can be determined based on the description in the application.				
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 sq. ft. of calculated floor area and public works less than \$15,000 in total construction costs.				
V. PLAN REVIEW INFORMATION				
A. RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN RESIDENTIAL CODE				
<input type="checkbox"/> One Family	<input type="checkbox"/> Townhouse-#of units _____	<input type="checkbox"/> Detached Garage		
<input type="checkbox"/> Two or More Family Number of Units _____	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Other _____		
B. NON-RESIDENTIAL – BUILDINGS REGULATED BY THE MICHIGAN BUILDING CODE				
<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 (Single-Family, Child & Adult Care)		
<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.)			
Alteration, repairs and additions – Provide a description of work to be covered by the building permit. As examples; <i>20,000 sq. ft. roof covering; building a 2,300 sq. ft. addition; replace 5 exterior doors; renovate basement in residence, etc.</i> Provide construction costs.				
VI. BUILDING DATA				
A. Type of Mechanical System				
Will The Building Have a Fire Suppression System? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. TYPE OF CONSTRUCTION				
<input type="checkbox"/> 1A – NON-COMBUSTIBLE (PROTECTED STRUCTURAL ELEMENTS) 3 HR	<input type="checkbox"/> 3A – NO COMBUSTIBLES (EXTERIOR WALLS ONLY)			
<input type="checkbox"/> 1B – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 2HR	<input type="checkbox"/> 3B – ON COMBUSTIBLE (BEARING WALLS RATED)			
<input type="checkbox"/> 2A – NON-COMBUSTIBLE (RATED STRUCTURAL ELEMENTS) 1HR	<input type="checkbox"/> 4 – HEAVY TIMBER			
<input type="checkbox"/> 2B – NON-COMBUSTIBLE (NON-RATED STRUCTURAL ELEMENTS)	<input type="checkbox"/> 5A COMBUSTIBLE (STRUCTURAL ELEMENTS RATED) 1HR			
	<input type="checkbox"/> 5B – COMBUSTIBLE (ALL ELEMENTS NOT RATED)			
C. DIMENSIONS/DATA				
FLOOR AREA	EXISTING	ALTERATIONS	NEW	
Basement	_____	_____	_____	
1 st & 2 nd Floor	_____	_____	_____	
3 rd – 10 th Floor	_____	_____	_____	
11 th – Above	_____	_____	_____	
Total Area	_____	_____	_____	
D. NUMBER OF OFF-STREET PARKING				
ENCLOSED _____ OUTDOORS _____				

VII. SITE OR PLOT PLAN - FOR APPLICANT USE. ATTACH ADDITIONAL SHEET IF NECESSARY.

VIII. SIGNATURE

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 and Flushing Township. 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 to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

Signature of Owner (required)	Type or Print:
Signature of Owner's Agent (required)	Type or Print:

BUILDING PERMIT FEE ENCLOSED:
(Based on fee schedule most recently adopted by Flushing Township)

\$

IX. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

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

X. VALIDATION - FOR DEPARTMENT USE ONLY

DEPARTMENT VALUATION:

Zoning District:	Use Group:	Square Feet:
Type of Construction:	Certificate of Occupancy Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	

XI. FEE CHART – ENTER THE NUMBER OF ITEMS BEING INSTALLED, MULTIPLY BY THE UNIT PRICE FOR TOTAL FEE

	FEE	# OF ITEMS	TOTAL
1. REGISTRATION FEE	\$15.00		
2. APPLICATION FEE (nonrefundable)	\$45.00	1	\$45.00
3. PERMIT FEE (MIN. \$50, construction/labor costs)	\$		\$
4. ABOVE-GROUND POOL	\$50.00		
5. IN-GROUND POOL	\$200.00		
6. DEMOLITION	\$50.00		
7. COMMERCIAL PLAN REVIEW	\$650.00		
8. ROUGH / SPECIAL INSPEC. / RE-INSPECTION	\$60.00		
9. FINAL INSPECTION	\$60.00	1	\$60.00
10. CERTIFICATE OF OCCUPANCY	\$20.00		
11. OTHER	\$		
12. ELECTRONIC ARCHIVING FEE – MIN. \$5.00	1% OF PERMIT	1	\$
TOTAL FEE DUE			\$
DEPARTMENT APPROVAL SIGNATURE:			
TITLE:		DATE:	