BUILDING PERMIT APPLICATION - CHARTER TOWNSHIP OF CLAYTON Building Department, 2011 South Morrish Road, Swartz Creek, MI 48473

Inspections: (810) 635-4433 Permit & Inspection Help: (810) 635-4433 Fax: (810) 635-4526

The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, martial status, handicap or political beliefs.

Authority: P.A. 230 of 1972, as amended Completion: Mandatory to obtain permit. Penalty: Permit cannot be issued.

applications must be completed for Plumbing, Mechanical, and Electrical work permits, and are issued by Clayton Township.

			revinsingi				
I. PROJECT INFORMA	TION						
Project Address				Date Application Received:		cation Received:	
City		Prop	erty Tax ID Nu	mber:	<u> </u>	Zip Code	
City	Troperty rux IL					p	
Township: Clayton	Co	ounty: Genes	ee	State:N	State:Michigan Lot Number		
Nearest Cross Streets				Email Address	S:		_
II. IDENTIFICATION							
A. Owner or Lessee							Ī
Name							
Address			City			State	
Telephone Number/Cell Phon	ne/Fax Number		ļ			Zip Code	
B. Architect or Engine	er: Please i	note: Res	ponsible fo	r work? Ye	S	No	
Name			-				_
Address							
Addicas							
City	9	State		Zip Code		Telephone Number	
License Number	1	Expiration Da	ite	<u>l</u>		Fax Number	_
C Combination							_
C. Contractor Name						Telephone Number	
Name						relephone Number	
Address						Cell Phone Number	
City	Į.	State		Zip Code		Fax Number	_
,				,			
Builders License Number						Expiration Date	
Federal Employer ID Numbe	r/Reason for ex	emption		Worker's Com	np Insurance	e Carrier/Reason Exempt	_
MESC Employer Number or F	Reason for Exer	mption					

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	PLICATION (CONTINUED)		
REQUIRED SUBMITTALS	S and INFORMATION for Construction	С	
	Projects	Н	
	NEW HOUSE	Α	
Energy Code Worksheet-I	ncluding window/door manufacturing info	N	
2 sets construction drawin	gs/plot plan with footprint of construction	G E	
	summary page in application (page 4)	S	
	00 sq ft or over REQUIRE :		
Signed/sealed constru	ction plans and structural calculations	`	
ADDITION	N TO EXISTING HOUSE		
Smoke detectors must be	e upgraded/hardwired in entire structure		
	omplete plot plan	1	
	e signed/sealed plans and calculations		
	or blueprints(nay be hand sketched)		
Complete and sign plan	summary page in application (page 4)		
DECK (also complete	section for decks w/new windows)		
Joist size			
Post size			
Beam size			
Size of deck and height			
from grade	and the state of the state of		
	mplete plot plan		
REMOD	EL - RESIDENTIAL	4	
	be upgraded/hardwired entire structure		
Fl	oor plan required	,	
SHED/BARN/POLE	BARN/GARAGE - Over 200 sq ft		
Wall height			
Pitch of roof			
Size of structure			
Complete pl	ot plan-Rat wall required		
		-	

This page is only required for the construction of a new house, and addition to an existing house or for commercial/industrial permits.

A. PRINCIPAL TYPE OF FRAME

A. PRINCIPAL		OF FRAMI	5				
Masonry,			Structural	Reinforced			
Wall bearing		Wood frame	steel	concrete	•	Other	
B. PRINCIPLE	TYPE	OF HEATI	NG FUEL				
Gas	Oil	Electric	Other				
C. TYPE OF S	EWAG		AL				
Public		Septic					
company		system					
D. TYPE OF V	VATER	SUPPLY	ı				
company		Private well					
E. TYPE OF M	IECHAI						
Will there be a			Yes	No			
F. DIMENSIO			section MU	JST be cor	nplete for <i>ne</i>	w construct	ion and
Street			Number of		•	Number of	
Frontage			residential			bedrooms	
Front			Number of			Number of	
Setback			stories			full baths	
Rear Setback			Number of			Number of	
Real Selback			fireplaces			partial baths	
						partial baths	
Left Setback			Number of			Number of	
			windows			garages	
Right			\\/ill +bo	ro ho firo cur	nrossion?		
Setback			VVIII UTE	re be fire sup	ppression:		
Height above			Yes		No		
grade				T		•	
	R AREA	(square feet	:)	f			
Crawl space				Finished	Area		
Basement - Total s	•	et					
1st floor square							
2nd floor square	e feet						
feet Total Building	Aron car	iaro foot					
IMPROVE			ACCE	MBLY	1 6	DUCATIONA	
	INEINI	I I PE.	ASSL	MIDLI		DOCATIONA	<u> </u>
New construction							
			Theatre			s 1 - 12	
Addition			Night Club			e Facility	
Alteration			Restaurant		IN	STITUTION	AL
Repair/Repla			Chamala		C 1.1		,
cement			Church Other		Group Home		
Demolition			Assembly		Hospital		
Relocation			HIGH H	IAZARD	Jail		
Foundation			Moderate				
Only			Hazard		Other		
Change of			Low Hazard		Number of		
use only		OTHER	LOW Hazalu		Occupants		
5 11 5		OTHER	ls		4		
Parking Gara	ige		Repair Garage	e 	\dashv		
Carport			Public Utility		_		
Motor Fuel Ser	rvice		Other:				

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PLAN SUMMARY

Plan *or* blueprint summary - to be used for new houses *or* additions to an existing house.

NOTE: IF I-JOISTS ARE USED, SHOP DRAWINGS MUST BE SUPPLIED AT TIME OF ROUGH INSPECTION.

Basement Foundation:

Roofing:

Spread foo	ting: Size:					
•	Reinforcer	nent:			Is ice and water shield of 90#	rolled roofing being
Bleeders:	Spacing				used in all valley &	
	Size:			_	Yes	
Poured wa		Height:			Does the entire roof have 15#	
Block wall:	Size:	Height:			Yes	
		eing used?			Do the submitted plans refle	
15 a memb	ranca the t	Yes		No	built?	ccc mac is semig
Ic hacemen	nt heina da		? Yes		Yes	No
If no, expla		прргоотса	103	110	163	110
II IIO, Expid	aii i.				If no, explain:	
					11 110, explain:	
To become	- t		2. \/	N-		
		iterproofea	? Yes	No		
If no, expla	ain:					
					Are all windows within 5' of	tub or shower
					floor tempered?	
Beam Size		_	Column Si	z <u>e</u>		
Spacing		_	Reinforcen	nent	Yes	No
Is there 4"	of pea sto	ne under ba	sement slal	?		
		Yes	_	No		
Is visqueer	n under bas	sement slab				
		Yes		No		
Framing			-			
_	alle	2 x 4	2 x 6	Steel studs		
Interior Wa		2 x 4		Steel studs	Are the plans reversed?	
Floor Joist:		2	2 X U	Sieer staas	•	No
		Cnasias		Location	Yes	NO
1st Floor S		Species		Location	(Clayton Charter Towns	him DOEC NOT
2nd Floor 9	size	Species		Location	(Clayton Charter Towns	-
I Joist:					ACCEPT reverse	pians.)
1st floor size		Species		Location		
2nd floor s		Species		Location		
	Manufactu	r <u>er:</u>				
Laminated			Location		Signature:	
Beams:	Size		Location			
	Manufactu	r <u>er:</u>				
Stairs:	Riser heig	ht				
	Tread wid	th		_		
Are stair no	osing being	used?		_		
	Yes		No	Size		
Are treads:		Wood	Carpet	Vinyl		
Trusses:	2 x 4	2 x 6	Manufactu	,		
Rafters	Size	ZXO	Species			
Ceiling Jois		Size	JPC01C5			
Coming July		Species				
Hoador	Cizo	oheries _	Location			
Header:	Size		LOCATION _			
	Length					

Homeowner obtaining own building permit

The Michigan Licensing Law gives the homeowner an exemption to act as the general contractor if the homeowner is building his own residence for his own use. This means that, in case of his own single family residence (not a duplex or apartment building) the homeowner may act as the general contractor, even though a licensed builder may be significantly involved. 339.2403 of the Michigan Occupational Code states:

A person may engage in the business of or act in the capacity of a residential building without having a license if the person is:

An owner of property with reference to a structure on the property for the owner's own use and occupancy

If the homeowner acts as the general contractor and pulls the permit he/she should be made aware of the
following:

THAT AS THE PERMIT HOLDER, THE HOMEOWNER INCURS ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

THIS MEANS THAT:

- 1.) It will be the homeowner's responsibility to correct any code violations, even if the contractor or any other persons did the work.
- 2.) The homeowner can be held liable for any injury which occurs on the job, whether it is a builder's or subcontractor's employee.
- 3.) The homeowner is responsible for worker's compensation, all withholding taxes, both federal and state, and FICA taxes for all persons on the job.
- 4.) In the event of an occurrence beyond the builder's control (lawsuits, etc.) which causes the builder to be unable to complete the work, the homeowner will be legally responsible for the completion of the job.

I,, ha	ve read and understand the above informat	ion.
Signature		Date

V. APPLICANT INFORMA	TION						
APPLICANT IS RESPONSIBLE	FOR THE PAY	MENT OF ALL FE	ES AND C	HARGES APPLI	CABLE AND	MUST PROVI	DE
THE FOLLOWING INFORMAT	ION:						
Name					Address		
City		State		Zip Code		Telephone Nu	mber
I HEREBY CERTIFY THE AUTHORIZED BY THE O' CONFORM TO ALL API	WNER TO MAK PLICABLE LAWS APPLICATION	E THIS APPLICATE OF THE STATE I IS ACCURATE T	TION AS I OF MICH O THE B	HIS/HER AUTHO IGAN. ALL INF EST OF MY KNO	ORIZED AGE ORMATION OWLEDGE.	NT, AND WE SUBMITTED (AGREE TO ON THIS
Section 23a of the state con circumvent the licensing req res	uirements of th		o persons	s who are to pe	rform work o	on a residentia	
I hereby certify that work of living or about to occupy. enclosed, or put into operate the Township	All work shall it has	be installed in ad	ccordance and appro	with the building wed by the Tow	ng code and nship Inspe	shall not be octor. I shall c	covered up,
CONSTRUCTION VA	LUE-PROPO	SED WORK:	\$				
SIGNATURE OF APPLICANT						Date:	
VI. FOR CLAYTON TOWNS	SHIP BUILDIN	NG DEPARTMEN	NT USE C	NLY			
Environmental Control Ap							
		EQUIRED?		APPROVED	DATE	NUMBER	BY
A. Zoning	Yes	No					
B. Well Permit	Yes	No					
C. Soil Erosion	Yes	No					
D. Flood Zone E. Water Supply Permit	Yes Yes	No No					
F. Septic System Permit	Yes	No					
G. Variance Granted	Yes	No					
H. Driveway Permit	Yes	No					
VII. VALIDATION- FOR			<u> </u>				
		552 62	-				
Construction Type	_			Building Permi	t Fee	\$	
Use Group							
Square Feet				Zoning Permit	Fee	\$	
				Plan Review Fe	ee	\$	
				TOTAL FEES DU	E	\$	
TOWNSHIP APPROVAL S	IGNATURE/T	ITLE		Date			

EXPIRATION OF PERMIT: A permit is valid as long as 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 CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTIONS. CANCELLED PERMITS CANNOT BE REFUNDED.

CHARTER TOWNSHIP OF CLAYTON ZONING PERMIT

NAME:			_Home Phone:
			Cell Phone:
			Zip:
Job Location:		Parcel/Lot Size	:FT XFT
PERMIT TO:	CONSTRUCT NE	EW ALTER	REMODEL ADDITION
_	SINGLE FAMILY		SFR WITH ATTACHED GARAGE
ACCESSO	ORY BUILDING Type:	OTH	HER (ie fence, pool, etc)
FOR SFR CONSTR	RUCTION: Total	Building Width	_ Total Building Length
	Building Height_		Proposed Roof Pitch
		k to highest finished elevation)	
First Floor Square F	oot Seco	ond Floor Square Foot	Garage Square Foot
50D 4005000DV		IED.	
	STRUCTURE/OTH		
Total number of bui		operty	Height of House
	Building Width		Building Length
	Building Height_		Proposed Roof Pitch
	(as measured from pear	k to highest finished elevation)	
YES	□ NO DOE	S THIS PROPERTY HAVE	FRONTAGE ON TWO ROADS?
YES	☐ NO IS TH	HIS PROPERTY VACANT	
YES			THIS PROPERTY (ie driveway, utility, etc)
☐ YES ☐ YES	_	HIS PROPERTY LOCATED	IN A FLOODPLAIN TED WITHIN 500ft OF A LAKE, STREAM,
1L3		IN, OR OTHER NATURAL E	
YES			QUIRE DISTURBING SURFACE AREA
		N ACRE OR MORE OF LAI	
YES			CCESSORY BUILDING (ie POLE BLDG),
YES		LIT CONTAIN ANIMALS? HERE A WELL(S), SEPTIC(S), UNDERGROUND STORAGE,
		TAMINATED AREA(S), OTI	
NOTE: IT IS VOUE	DECDONCIDII ITV	TO BE AWARE OF ANY D	DEED RESTRICTIONS, SUBDIVISION
			D/OR WETLAND REGULATIONS.
- R	Allono, Rosales		
I have read	, acknowledge, und	derstand, and will comply	with the above land use regulations.
APPLICANT SIGNA	\TIIDE		DATE
AFFLICAINT SIGNA	NI UINL		DATE
DRIVERS LICENSE	NO:		DATE OF BIRTH

LAND USE RESTRICTIONS

Property Tax I.D. No: <u>04-</u>	Current Zoning District:
PROPERTY ADDRESS:	
SETBACKS (taken as actual measurements from plot	plan):
FRONT: (measured from road right-of-way)	REAR YARD:
(measured from road fight-or-way)	
LEFT SIDE OF YARD: (measured from lot line)	RIGHT SIDE OF YARD:
PERCENT OF TOTAL LOT COVERAGE:	
BUILDING HEIGHT:	TOTAL BUILDING AREA:
FLOOD PLAIN MAP VERIFIED:	
COMMENTS:	
PERMIT APPROVED	PERMIT DENIED
REASON FOR DENIAL:	
REFERRED TO:	
PLANNING COMMISSION ZONING BOARD C	DF APPEALS OTHER
ZONING ADMINISTRATOR SIGNATURE	DATE

CHARTER TOWNSHIP OF CLAYTON PLOT PLAN REQUIREMENTS

Each plot plan <u>must include all</u> of the following information:

- **1. Public road and north point**—indicate where the public road is located and label, indicate with letter N which way north is located.
- 2. Size of lot—width and depth measurements
- 3. Front Yard Setback—distance, in feet, from the road right-of-way to the proposed structure.
- **4. Right** (when facing building) **Yard Setback**—distance, in feet, from the right side yard property line to the proposed structure.
- **5. Left** (when facing building) **Yard Setback**—distance, in feet, from the left side yard property line to the proposed structure.
- 6. Rear Yard Setback—distance, in feet, from the rear yard property line to the proposed structure.
- **7. Separation between buildings**—distance, in feet, between <u>any</u> existing structures and proposed structure. Label each structure as to use, such as house, garage, shed, pool, etc.
- **8. Building Sizes**—indicate the dimensions of all structures, existing and proposed.
- **9. Well & Septic Locations**—(if applicable) identify well location and label, identify <u>entire</u> septic field location and label.

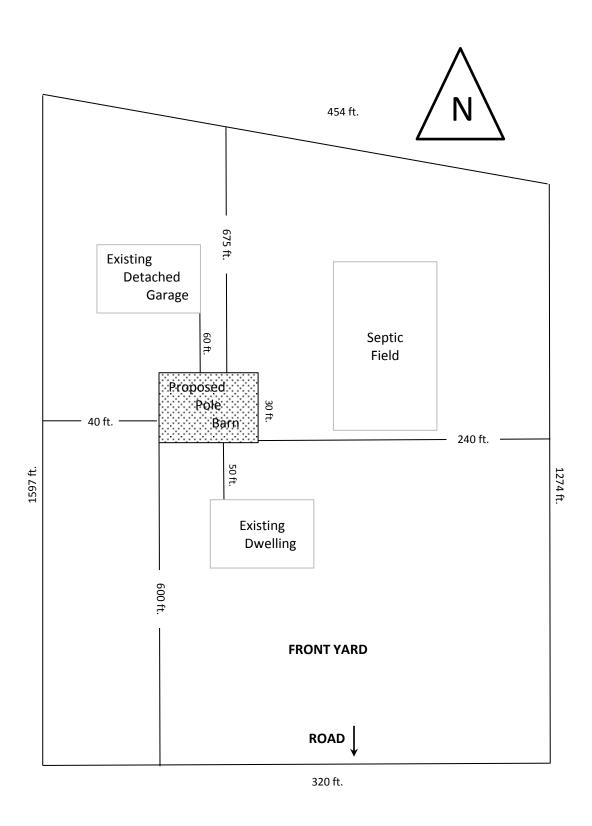
For your convenience we have attached a sample plot plan to help you in the drawing of your plan.

REQUIRED PLOT PLAN(Please refer to the attached "SAMPLE" plan) INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

Show all dimensions and distances from all lot lines, existing dwellings, accessory building(s), pool, well, septic field, ect., including any easement or right of ways.					

Locate all overhead power lines within 36 feet of proposed construction

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Contractor Registration Form

CHARTER TOWNSHIP OF CLAYTON Building Department 2011 South Morrish Road Swartz Creek, MI 48473

Phone: (810) 635-4433 Fax: (810) 635-4526

Prior to any permits being issued, this information sheet, \$15 fee, copy of the responsible party's drivers license and a copy of your license(s) issued from the state will **have** to be on file.

Date:			(Expires in one year)	
Business Name:				_
Address:				_
City, State, Zip:				_
Phone Number:		Fax:		_
Cell phone or pager r	number:			_
Email Address:				_
License holder or res	sponsible party (this inform	ation is m	andatory)	
Name:				_
Driver's License Num	nber:		DOB:	_
Contractor License N	umber:	Expiration	n Date:	_
Master License Numb	per:	Expiration	n Date:	_
Federal ID Number o	or Social Security Number:			_
MESC Number:				
Worker's Compensati	ion Policy Number:			_
Worker's Compensati	ion Company Name:			_
Worker's Compensati	ion Agency Name:			
Date Paid:	Amount:		Entered:	

Effective February 1, 2003: All contractors performing work in Clayton Charter Township will be required to register/renew on a yearly basis. The due date for the submission of the form will be one year from the original registation date. If any information submitted changes during the course of the year, the contractor MUST update the information in writing 10 calendar days of this change.

SOIL EROSION PERMITS/WAIVERS ARE <u>REQUIRED</u> FOR ALL PROJECTS

PLEASE CONTACT GENESEE COUNTY
WATER & WASTE SERVICES
for further information

(810)732-7870