



BUILDING PERMIT APPLICATION

HANOVER TOWNSHIP
 311 Farview St, PO Box 40
 Horton, MI 49246
 Office (517) 563-2791 Fax (517) 563-8430
 Building Inspector: (517) 937-8308

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: Application must be completed, signed, and proper fee enclosed or Permit will not be issued.	THE TOWNSHIP OF HANOVER WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
--	--

<i>I. LOCATION OF BUILDING:</i>		
ADDRESS		
CITY	STATE	ZIP CODE
BETWEEN STREETS	AND	

<i>II. A. OWNER OR LESSEE OF BUILDING:</i>		
NAME	PHONE NO.	
ADDRESS	<input type="checkbox"/> SAME AS LOCATION ADDRESS	
CITY	STATE	ZIP CODE

<i>B. ARCHITECT OR ENGINEER</i>		
BUSINESS NAME	PHONE NO.	
ARCHITECT NAME		
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL	FAX NO.	
LICENSE No.	EXPIRATION DATE	

<i>C. CONTRACTOR:</i> <input type="checkbox"/> WORK BEING DONE BY PROPERTY OWNER		
BUSINESS NAME	PHONE	
CONTACT PERSON	PHONE	
ADDRESS		
CITY	STATE	ZIP CODE
BUILDER LICENSE #.	EXPIRATION DATE	
INSURANCE CARRIER	POLICY #	
FED ID #	MESC #	

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

RESIDENTIAL NON-RESIDENTIAL

- | | | | |
|--|--|---|---|
| 1. <input type="checkbox"/> NEW BUILDING | 4. <input type="checkbox"/> ALTERATION | 7. <input type="checkbox"/> REPAIR | 10. <input type="checkbox"/> PREMANUFACTURE |
| 2. <input type="checkbox"/> ADDITION | 5. <input type="checkbox"/> DEMOLITION | 8. <input type="checkbox"/> MOBILE HOME SET-UP* | 11. <input type="checkbox"/> SPECIAL INSPECTION |
| 3. <input type="checkbox"/> CHANGE IN USE OR OCCUPANCY | 6. <input type="checkbox"/> RELOCATION | 9. <input type="checkbox"/> FOUNDATION ONLY | |

Dimensions needed for the above project _____ ft x _____ ft

B. PLAN REVIEW(S) TO BE PERFORMED

BUILDING MECHANICAL FOUNDATION ELECTRICAL PLUMBING

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL - For "wrecking", show most recent use

- | | | |
|---|---|-----------------------------------|
| 1. <input type="checkbox"/> ONE FAMILY | 4. <input type="checkbox"/> ATTACHED GARAGE _____ ft x _____ ft | 7. <input type="checkbox"/> POOL |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE _____ ft x _____ ft | 8. <input type="checkbox"/> DECK |
| 3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____ | 6. <input type="checkbox"/> FINISH BASEMENT | 9. <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | | |
|---|---|---|--|
| 10. <input type="checkbox"/> AMUSEMENT | 14. <input type="checkbox"/> SERVICE STATION | 18. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL | 22. <input type="checkbox"/> NIGHT CLUB |
| 11. <input type="checkbox"/> CHURCH, RELIGION | 15. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 19. <input type="checkbox"/> STORE, MERCANTILE | 23. <input type="checkbox"/> HAZARDOUS CHEMICALS |
| 12. <input type="checkbox"/> INDUSTRIAL | 16. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 20. <input type="checkbox"/> TANKS, TOWERS | 24. <input type="checkbox"/> OTHER |
| 13. <input type="checkbox"/> PARKING GARAGE | 17. <input type="checkbox"/> PUBLIC UTILITY | 21. <input type="checkbox"/> RESTAURANT | |

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING, HOSPITAL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER

C. TYPE OF MECHANICAL

11. WILL THERE BE AIR CONDITIONING? Y ES NO 12. WILL THERE BE FIRE SUPPRESSION? YES NO 13. WILL THERE BE AN ELEVATOR? YES NO

IS EXCAVATION ON SITE LARGER THAN ONE ACRE AND WITHIN 500 FEET OF A LAKE, STREAM, OR COUNTY DRAIN?

Yes No

D. DIMENSION/ DATA

	EXISTING	ALTERATIONS	NEW
14. NUMBER OF STORIES _____	19. FLOOR AREA _____	_____	_____
15. USE GROUP _____	BASEMENT _____	_____	_____
16. CONST. TYPE _____	1ST & 2ND FLOOR _____	_____	_____
17. OCCUPANT LOAD _____	3RD FLOOR & ABOVE _____	_____	_____
18. SEPARATED OR NON SEPARATED MIXED USE _____	TOTAL AREA _____	_____	_____

DESCRIPTION OF CONSTRUCTION: _____

E. NUMBER OF OFF STREET PARKING SPACES

20. ENCLOSED _____ 21. OUTDOORS _____

22. COST OF CONSTRUCTION:

\$ _____

VI. APPLICANT INFORMATION

WARNING NOTICE

NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, MECHANICAL, PLUMBING, AND/OR ELECTRICAL WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING, APPROVAL FOR WELL AND SEPTIC SYSTEM MUST BE APPROVED BY THE JACKSON COUNTY HEALTH DEPARTMENT.

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

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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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.

SIGNATURE OF APPLICANT	DATE
PRINT NAME	

HOMEOWNER'S AFFIDAVIT:

I hereby certify the construction on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by the Township, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNATURE	DATE
------------------	-------------

HANOVER TOWNSHIP BUILDING PERMIT FEE SCHEDULE	FEE	# OF ITEMS	TOTAL
CALL 517-563-2791 FOR FINAL COST OF PERMIT			
Plan Review, as determined by Inspector, starts at \$100			
Site Inspection/Zoning Compliance	\$30		
Each Additional Inspection after Permit has been Issued	\$70		
Footing Inspection	\$70		
Backfill Inspection	\$70		
Radon Inspection	\$70		
Rough-In Inspection	\$70		
Insulation Inspection	\$70		
Roof	\$70		
Final Inspection	\$70		

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL		APPROVALS			
	REQUIRED	APPROVED	DATE	NUMBER	BY
A - Zoning/District					
1. Site Plan Approval	() Yes () No				
2. Variance Granted Z.B.A. Approval	() Yes () No				
B - Fire					
C - Pollution Control					
D - Flood Zone					
E - Soil Erosion/County Drain					
F - Twp. Water/Sewer					
G - Water/County Health Dept.					
H - Septic/County Health Dept.					
I - County Road Comm.					
J - Assessing Dept.					
COMPUTER PROPERTY TAX # _____					
ALL PERSONAL AND PROPERTY TAXES ARE CURRENT: YES _____ NO _____					

VII. VALIDATION

The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all aspects. The township, further, shall have the right to rely on the accuracy of the same in connection with the issuance of permits and the conducting of required inspections.

Approved by

Signature