

# CHARTER TOWNSHIP OF WATERFORD BUILDING DEPARTMENT

5200 Civic Center Drive, Waterford, Michigan 48329-3773

Telephone: (248) 674-6250 Fax: (248) 674-4097

[www.twp.waterford.mi.us](http://www.twp.waterford.mi.us)



## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICATION DATE ____/____/____	IS OWNER APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION NUMBER	PERMIT NUMBER
------------------------------------	---	--------------------	---------------

### 1. PROPERTY INFORMATION

STREET ADDRESS OF PROJECT	APT #	ZIP CODE	PARCEL I.D. NUMBER	ZONING
---------------------------	-------	----------	--------------------	--------

### 2. OWNER INFORMATION

LAST NAME OR BUSINESS NAME	FIRST NAME	PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

### 3. BUILDING AND PROPERTY CHARACTERISTICS

A. STRUCTURES	B. BUILDING UNITS	C. BOARD OF APPEALS	D. ZBA HEARING DATE
E. RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> STORAGE/ACCESSORY <input type="checkbox"/> GARAGE <input type="checkbox"/> MISC., SPECIFY: _____		F. NONRESIDENTIAL CONSTRUCTION TYPE      USE GROUP <input type="checkbox"/> I-A <input type="checkbox"/> A-1 <input type="checkbox"/> H-1 <input type="checkbox"/> M <input type="checkbox"/> II-A <input type="checkbox"/> A-2 <input type="checkbox"/> H-2 <input type="checkbox"/> S-1 <input type="checkbox"/> III-A <input type="checkbox"/> A-3 <input type="checkbox"/> H-3 <input type="checkbox"/> S-2 <input type="checkbox"/> IV <input type="checkbox"/> A-4 <input type="checkbox"/> H-4 <input type="checkbox"/> U <input type="checkbox"/> V-A <input type="checkbox"/> A-5 <input type="checkbox"/> H-f <input type="checkbox"/> I-B <input type="checkbox"/> B <input type="checkbox"/> I-1 <input type="checkbox"/> II-B <input type="checkbox"/> E <input type="checkbox"/> I-2 <input type="checkbox"/> III-B <input type="checkbox"/> F-1 <input type="checkbox"/> I-3 <input type="checkbox"/> V-B <input type="checkbox"/> F-2 <input type="checkbox"/> I-4	
H. DESCRIBE IN DETAIL WORK TO BE DONE _____ _____		G. TYPE OF IMPROVEMENT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE STRUCTURE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> REPAIR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY STRUCTURE	
		I. COST OF IMPROVEMENT \$ _____	

### 4. SELECTED CHARACTERISTICS OF BUILDING

PROPERTY FRONTAGE (FEET)	EXISTING RESIDENTIAL UNITS (NUMBER)	SIZE OF ADD. OR STRUCTURE
REAR FRONTAGE (FEET)	STORIES (NUMBER)	BUILDING AREA (SQ FT)
FRONT SETBACK FROM PROP. LINE	BEDROOMS (NUMBER)	LIVING AREA (SQ FT)
REAR SETBACK FROM PROP. LINE	FULL BATHS (NUMBER)	BASEMENT AREA (SQ FT)
RIGHT SETBACK FROM PROP. LINE	PARTIAL BATHS (NUMBER)	GARAGE AREA (SQ FT)
LEFT SETBACK FROM PROP. LINE	GARAGES (NUMBER)	OFFICE/SALES (SQ FT)
HEIGHT ABOVE GRADE (FEET)	FIREPLACES (NUMBER)	SERVICE (SQ FT)
NEW RESIDENTIAL UNITS (NUMBER)	LOT AREA (SQ FT)	MANUFACTURING (SQ FT)

5. IDENTIFICATION (TO BE COMPLETED BY APPLICANT)

	Owner or Lessee	Contractor	Architect/Engineer
Company Name			
Contact Name			
License Number	-----		
Street Address			
City/State/Zip			
Phone			
Fax			
email			

Federal Employer ID Number	
Workers Comp. Insurance Carrier	
MESC Number	

**CONSTRUCTION BOND RETURN AND FORFEITURE POLICY**

**RETURN:** Upon satisfactory completion of all final inspections required, and the issuance of a Certificate of Occupancy, if applicable, the construction bond will be returned without interest.

**FORFEITURE:** By the execution hereof, the applicant agrees that in the event the depositor of the fee(s) does not properly complete the inspection requirements within 90 days following the expiration date of the permit(s), the deposit fee(s) deposited hereunder shall be automatically forfeited to the Township. The Building Department shall provide notice by First Class Mail of the forfeiture policy as adopted by the Township Board.

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 this jurisdiction. Prior to signing this application, please read the above Construction Bond Return and Forfeiture Policy. The signing of the application indicates that you are aware of the forfeiture Policy adopted by the Township Board. The applicant signing this application is aware that (s)he assumes full responsibility for insuring that all work done complies with all applicable codes and ordinances.

**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 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 Applicant	Phone
Print Applicants Name	
Address, City, State, Zip	

