

# NORTHFIELD TOWNSHIP MICHIGAN

8350 Main Street • Whitmore Lake, Michigan 48189-0576

Telephone: (734) 449-2880 • Building Dept. (734) 449-5000 • Fax: (734) 449-0123 • Web Site: [www.twp-northfield.org](http://www.twp-northfield.org)

## BUILDING PERMIT APPLICATION

### JOB LOCATION - Please Print Clearly

Street Address of Job Location	Lot #	Property Identification Number:	
City	State	Zip Code	Subdivision: <span style="float: right;">Is this home located in a flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Name of Resident	Phone #:	Has Zoning approval been obtained for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	

Are there any homeowner association covenants or deed restrictions associated with this property?  YES  NO

Note: Northfield Township is not responsible for compliance on deed restrictions or covenants of a homeowners association. That is the responsibility of the homeowner.

### APPLICANT INFORMATION - Please Print Clearly

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 approval of zoning, fire marshal, and utilities department. Applicant is responsible for the payment of all fees and charges applicable to this application, including any increase for sewer tap fees.

<input type="checkbox"/> Contractor Name: _____	Are you a contractor registered in Northfield Township? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Homeowner	If no, a copy of <u>current</u> license and picture ID are required. Registrations expire each calendar year.		
Company Name (If Applicable)	Company Address	City, State, Zip Code	
Telephone Number	Email Address	State License Number	Expiration Date
Federal ID # (or reason for exemption)	MESC # (or reason for exemption)	Workers Compensation Ins. Carrier (or reason for exemption)	
Homeowner Name	Mailing Address (If different from Job Location)	City, State, Zip Code	

### ARCHITECT / ENGINEER INFORMATION - Please Print Clearly

Name	Address	City, State, Zip Code	
Telephone Number	Email Address	License Number	Expiration Date

### USE OF BUILDING/TYPE OF IMPROVEMENT

<b>RESIDENTIAL:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Pole Barn/Shed <input type="checkbox"/> Multi-Family <input type="checkbox"/> Deck/Patio <input type="checkbox"/> Attached Garage <input type="checkbox"/> Fence <input type="checkbox"/> Detached Garage <input type="checkbox"/> Other: _____	<b>NON RESIDENTIAL:</b> <input type="checkbox"/> Office <input type="checkbox"/> Non-Profit <input type="checkbox"/> Industrial <input type="checkbox"/> Store <input type="checkbox"/> Other: _____ <input type="checkbox"/> Service Station
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### TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home Set-up	Other: _____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pre-Manufacture	_____
<input type="checkbox"/> Addition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation	_____

### Principal Type of Frame:

<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Reinforced Concrete
<input type="checkbox"/> Masonry	<input type="checkbox"/> Structural Steel
<input type="checkbox"/> Other: _____	

### Principal Type of Heating Fuel:

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil
<input type="checkbox"/> Propane	<input type="checkbox"/> Electricity
<input type="checkbox"/> Other: _____	

### Mechanical

Will there be air conditioning?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be fire suppression?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Water Supply / Sewage Disposal

<input type="checkbox"/> Public Sewer
<input type="checkbox"/> Septic / Well

### Dimension / Data

Floor Area:	Existing	Alterations	New	Construction Cost: \$	_____
Basement:	_____	_____	_____	Number of Stories:	_____
1st & 2nd Floor:	_____	_____	_____	Construction Type:	_____
Total Area:	_____	_____	_____	Occupant Load:	_____

**PLAN REVIEW INFORMATION**

Plans must be submitted with application for plan review and fee paid before permit is issued, **EXCEPT** as listed below:

1. Plans are not required for alterations and repair work determined by the building official to be of a minor nature. Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299.

PLAN REVIEW REQUIRED:  YES  NO

**DESCRIPTION OF WORK TO BE DONE - Please Print Clearly:**

Blank space for describing the work to be done.

**TYPE OF INSPECTION / FEES**

- Spread Footing \$50
- Backfill \$50
- Slab - Home \$50
- Trench Footing \$50
- Slab - Garage \$50
- Brick Flashing \$50
- Rough Building \$50
- Insulation \$50
- Drywall \$50
- Final \$50
- Additional Inspections: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total:** \_\_\_\_\_ \$ \_\_\_\_\_

**ADMINISTRATIVE FEES**

- Application Fee \$25
- Contractor Registration \$15
- Plan Review Fee \$60/hr.
- Other: \$ \_\_\_\_\_
- Total:** \$ \_\_\_\_\_

Note: Separate trade permits including Electric, Plumbing, and Mechanical if needed. Rough trade inspections must be complete before Rough Building, and Final trade inspections must be complete before final Building/Zoning inspections can be completed.

**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. 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 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.

X

Signature of Applicant/Owners Agent

Date

**HOMEOWNER PERMIT POLICY**

The Michigan licensing law gives the homeowner an exemption to act as the general contractor if the homeowner is building their own residence for their own use. This means that in the case of their 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. 3392403 of the Michigan Occupational Code states:

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

- An owner of property with reference to a structure on the property for the owner's own use and occupancy.
- An owner of rental property, with reference to the maintenance and alterations of that rental property.

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

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

This means that:

- IT IS THE HOMEOWNERS RESPONSIBILITY TO CORRECT ANY CODE VIOLATIONS, EVEN IF THE BUILDER OR ANY OTHER PERSONS ACTUALLY DID THE WORK.
- THE HOMEOWNER CAN BE HELD LIABLE FOR ANY INJURY WHICH OCCURS ON THE JOB, WHETHER IT IS DUE TO A BUILDER'S OR SUBCONTRACTOR'S EMPLOYEE, OR EVEN TO A TRESPASSER WHO GETS HURT WHILE TRESPASSING.
- IN THE EVENT OF AN OCCURANCE BEYOND THE BUILDER'S CONTROL (LAWSUIT, ETC.) WHICH CAUSES THE BUILDER TO BE UNABLE TO COMPLETE THE WORK; THE HOMEOWNER WILL BE LEGALLY RESPONSIBLE FOR COMPLETION OF THE JOB.

Homeowner's Initials: \_\_\_\_\_

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These are only some of the responsibilities the homeowner can incur when acting as the general contractor.

**HOMEOWNER AFFIDAVIT:** I hereby certify that the work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State Building Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by a Certified Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for all necessary inspections.

X

Signature of Homeowner

Date

A permit remains 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 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A permit will be closed when no inspections are requested and conducted within 180 days of the date of issuance of the date of a previous inspection. Closed permits cannot be refunded. The charge to re-open a closed permit is \$100.00.

**Local Government Agency to Complete This Section**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED		RECEIVED		APPROVED		BY	DATE
Zoning - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Site Plan Review (Zoning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Variance/ZBA - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tax Parcel Number - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Address Application - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Driveway Permit - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Driveway and Culvert (WCRC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sewer Tap - Township	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Soil Erosion - County	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Well Permit - County	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Septic Permit - County	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Utility Charges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Construction Prints (Building)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
MDEQ 517-780-7690 (Wetlands)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Note: All trade permits including Electric, Plumbing, and Mechanical if needed. Final trade inspections must be approved before final Building/Zoning inspections can be completed.

**Validation and Approval**

**X** \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_  
 Building Administrator Approval Administrator Est. Construction Value

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Building Permit Application Fee: \$25.00  
 Contractor Registration Fee: \$ \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_ X \$60 / hr. = \$ \_\_\_\_\_  
 Construction Fee: \_\_\_\_\_ X \$4/\$1000 = \$ \_\_\_\_\_  
 # of Inspection Fee: \_\_\_\_\_ X \$50 ea. = \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Building Permit Fee: \$ \_\_\_\_\_**

Type of Construction: \_\_\_\_\_  
 Builder Cash Bond: \_\_\_\_\_  
 Sewer/Water Tap: \$3,550 per REU\*  
 \* See WWTP Permit  
 C of O/Temp Required:  Yes  No  
 Dodge/C404 Complete:  Yes  No

Temporary C of O Issued: \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Closed \_\_\_\_\_ Date \_\_\_\_\_

Final C of O Issued: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Building Department \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_