

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Liberty Township
101 W. Liberty Rd.
Clarklake, MI. 49234
Phone: (517) 529-4374
Fax: (517) 529-9066

****Zoning must be pulled and completed before a building permit can be issued****
****Our Building application requires a list of all supplies being used and a drawing of the structure unless pulling for a re-roof.****

LOCATION OF BUILDING

Address: _____ City: _____ State: ___ Zip: _____
Between: _____ And: _____

OWNER INFORMATION

Name: _____ Phone: _____
Address: _____ City: _____ State: ___ Zip: _____
Parcel ID #: _____

CONTRACTOR'S INFORMATION

Name: _____ Phone: _____
Address: _____ City: _____ State: ___ Zip: _____
License #: _____ Exp. Date: _____ Federal ID #: _____
Worker's Comp: _____ Policy #: _____ Exp.Date: _____

TYPE OF IMPROVEMENT

New Building Addition Alterations Repair Wrecking
 Mobile Home Set-up Foundation Only Relocation

RESIDENTIAL

One Family Two or more Families Hotel, Motel Attached Garage
(# of Units _____) (# of Units _____)
 Detached Garage Roof Other

NON RESIDENTIAL

Amusement Church, Religious Industrial Parking Garage
 Service Station Hospital, Institutional Office, Bank, Professional
 Public Utility School, Library Store Tanks, Towers Other

TYPE OF MECHANICAL

Will there be air conditioning? () Yes () No

Will there be an elevator? () Yes () No

DIMENSIONS

Number of Stories: _____ 1st Floor Area: _____ 2nd Floor Area: _____

Total Area: _____ Total Land Area: _____ Estimated Cost: _____

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 AND DEPARTMENT OF PUBLIC WORKS APPROVAL.

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 owner of record authorizes the proposed work, 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.

Signature of Applicant: _____ Date: _____

APPROVALS

Site plan approval () Yes () No Variance granted () Yes () No

Flood Zone () Yes () No

APPROVED BY

SIGNATURE

TITLE