

Springfield Township Building Department
 12000 Davisburg Road
 Davisburg, MI 48350
 Phone: (248) 846-6517
 Fax: (248) 846-6547

Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued	SPRINGFIELD TOWNSHIP BUILDING DEPARTMENT
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BUILDING PERMIT APPLICATION

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits. Additional required documents may include County approved well, septic, driveway permits as well as a soil erosion control permit if required by the County.

I. Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED SPRINGFIELD TOWNSHIP		COUNTY OAKLAND	ZIP CODE
APPLICANT EMAIL ADDRESS:			
II. Applicant/Facility Contact Information			
A. Applicant			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
B. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
C. Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
LICENSE NUMBER			EXPIRATION DATE
D. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			
III. Type of Job			
A. Type of Improvement			
NEW BUILDING	ALTERATION	DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> SIGN	<input type="checkbox"/> MOBILE HOME SET-UP	PRE-MANUFACTURED

B. Plan Review Required

3 sets of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.
Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public work projects less than \$15,000 in total construction cost. 1 plot plan required showing existing and proposed structures along with all setback numbers and well and septic placement.
GIVE A BRIEF DESCRIPTION OF THE PROJECT: _____

IV. Plan Review Information

A. Residential – Buildings Regulated by the Michigan Residential Code

ONE FAMILY TOWNHOUSE - NO. OF UNITS _____ DETACHED GARAGE
 TWO OR MORE FAMILY ATTACHED GARAGE OTHER _____
 NO. OF UNITS _____

B. Buildings Regulated by the Michigan Building Code (COMMERCIAL ONLY)

<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

NEW COMMERCIAL CONSTRUCTION – Provide a brief description of the work to be covered by the building permit:

V. Building Data

A. Type of Mechanical

WILL THERE BE FIRE SUPPRESSION? YES NO **FORCED AIR** YES NO **BOILER** YES NO

B. Type of Construction

<input type="checkbox"/> 1A – Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B – Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A – Non Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B – Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 3A – Non Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B – Non Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 – Heavy Timber	<input type="checkbox"/> 5A – Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B – Combustible (All Elements Not Rated)

C. Dimensions / Data

Basement square footage = _____	Setbacks: Front=_____ Rear=_____ Side=_____ Side=_____
1 ST Floor square footage = _____	
2 nd Floor square footage = _____	
Attached garage square footage = _____	Construction valuation=\$_____
Detached building square foot = _____	Note: This includes the costs of materials and labor to complete the project including all trades.
Deck square footage = _____	

VI. 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 subjected to civil fines.							
SIGNATURE OF OWNER (If owner is applicant)				TYPE OR PRINT			
SIGNATURE OF OWNER'S AGENT				TYPE OR PRINT			
In order to keep accurate record cards, the Assessing Department will also conduct inspection(s) of your new construction.							
VII. Local Governmental Agency to Complete This Section							
ENVIRONMENTAL CONTROL APPROVALS							
	REQUIRED?			APPROVED	DATE	NUMBER	BY
A – Zoning	Yes	No	Attached				
B – Site Plan Approval	Yes	No	Attached				
C – Soil Erosion	Yes	No	Attached				
D – Well-OCHD	Yes	No	Attached				
E – Septic-OCHD	Yes	No	Attached				
F - Fire	Yes	No	Attached				
G – Driveway-RCOC	Yes	No	Attached				
H – Variance Granted	Yes	No	Attached				
I – Community Septic	Yes	No	Attached				
J - Other	Yes	No	Attached				
Comments:							
VIII. Validation – For Department Use Only							
USE GROUP _____				PERMIT FEE BREAKDOWN			
				PERMIT FEE = \$ _____			
TYPE OF CONSTRUCTION _____				PLAN REVIEW FEE = \$ _____			
				PERMIT FEE BASED ON ADOPTED FEE SCHEDULE = \$ _____			
APPROVAL SIGNATURE				DATE			
TITLE: Springfield Township Building Official				DATE			