

BUILDING DEPARTMENT
5851 MACKINAW RD.
SAGINAW, MI 48604

APPLICATION FOR PLAN EXAMINATION
KOCHVILLE TOWNSHIP
Application Number PB-_____

PHONE: (989) 792-7596
FAX: (989) 793-7498

INSTRUCTIONS: SUBMIT this application and FOUR sets of construction drawings SIGNED and SEALED by the Architect/Engineer, and PDF digital files of all drawings. FEES are charged at an hourly or per page rate and are payable to Kochville Township. Applicant must **COMPLETE ALL** items applicable on this application or drawings will not be reviewed. Allow 10 days for review. **THE APPLICANT IS RESPONSIBLE FOR ALL FEES APPLICABLE TO THIS APPLICATION.**

Authority: 1972 PA 230, AS AMENDED

PROJECT INFORMATION

PROJECT NAME:		ADDRESS:	
TOWNSHIP: KOCHVILLE	COUNTY: SAGINAW	ZIP CODE: 48604	

PROPERTY OWNER

NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:

ARCHITECT or ENGINEER CONTACT INFORMATION

NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:
REGISTRATION NUMBER:			EXPIRATION DATE:
EMAIL ADDRESS #1:		EMAIL ADDRESS #2:	

CONTRACTOR CONTACT INFORMATION (IF DETERMINED)

NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:
CONTACT EMAIL:			

PLAN REVIEW INFORMATION

GROSS FLOOR AREA	CLASSIFICATION PER BUILDING CODE	SUBMITTALS
[] NEW BUILD _____	BUILDING USE: _____	1 ST SUBMITTAL _____
[] ADDITION _____	CONSTRUCTION TYPE: _____ <input type="checkbox"/> SUPPRESSED	2 ND SUBMITTAL _____
[] ALTERATION _____	NO. OF OCCUPANTS: _____	REVISIONS _____
[] REPAIR _____	AREA / FLOOR: _____	
	NO. OF FLOORS: _____	

NOTE: CONSTRUCTION PLAN REVIEWS HAVE A 10 BUSINESS DAY TURN-A-ROUND PERIOD. THE ARCHITECT PROVIDED ABOVE WILL RECEIVE THE CONSTRUCTION PLAN REVIEW REPORT WITHIN THAT TIME PERIOD BY EMAIL. ANY CORRECTIONS, ADDITIONAL INFORMATION THAT MAY BE REQUESTED SHALL BE REVIEWED AND APPROVED BEFORE CONSTRUCTION PERMITS ARE ISSUED. **FEES ARE THE RESPONSIBILITY OF THE ENTITY SUBMITTING THIS APPLICATION.**

APPLICANT SIGNATURE _____

DATE: _____

SEE COMMERCIAL PLAN REVIEW INFORMATION DOCUMENT

OFFICE USE	FEE:
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