

BUILDING DEPARTMENT  
5851 MACKINAW RD.  
SAGINAW, MI 48604

**BUILDING PERMIT APPLICATION**  
**KOCHVILLE TOWNSHIP**  
Application Number PB-\_\_\_\_\_

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

Permission is requested by the Contractor and by the Owner to perform work as described below and on the reverse of this application. Applicant must **COMPLETE ALL** items applicable on this application. Failure to provide all information – Denial of Permit  
**Separate Applications must be submitted for Plumbing, Mechanical and Electrical work permits. Authority: 1972 PA 230**

PROJECT INFORMATION			
PROJECT NAME:		ADDRESS:	
TOWNSHIP: <b>KOCHVILLE</b>	COUNTY: <b>SAGINAW</b>	ZIP CODE:	
PROPERTY OWNER			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:
ARCHITECT or ENGINEER			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:
EMAIL ADDRESS:	LICENSE NUMBER:	EXPIRATION DATE:	
CONTRACTOR			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE:
EMAIL ADDRESS:	LICENSE NUMBER:	EXPIRATION DATE:	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			

BUILDING INFORMATION	
<p><b>TYPE OF WORK:</b></p> <p><input type="checkbox"/> New Building   <input type="checkbox"/> Addition   <input type="checkbox"/> Alteration  <input type="checkbox"/> Single Family Residential   <input type="checkbox"/> Multi-Family Res   <input type="checkbox"/> Commercial  <input type="checkbox"/> Premanufactured   <input type="checkbox"/> Mobile Home Setup  <input type="checkbox"/> Repair   <input type="checkbox"/> Roof   <input type="checkbox"/> Windows   <input type="checkbox"/> Siding   <input type="checkbox"/>   <input type="checkbox"/> Change of Occupancy  <input type="checkbox"/> Demolition of _____   <input type="checkbox"/> Frost footings. Is a Saginaw County Erosion Permit Required? Y <input type="checkbox"/> N <input type="checkbox"/>  <input type="checkbox"/> Accessory Buildings  <input type="checkbox"/> Garage   <input type="checkbox"/> Pole Building   <input type="checkbox"/> Shed (over 200 square feet)  <input type="checkbox"/> Wall mounted sign(s)# _____   <input type="checkbox"/> Ground mounted sign</p> <p>Building Construction Type: _____</p> <p><input type="checkbox"/> 5B – Combustible/unprotected  <input type="checkbox"/> 5A – Combustible/protected  <input type="checkbox"/> 4 – Heavy Timber  <input type="checkbox"/> 3B – Non-combustible/combustible unprotected  <input type="checkbox"/> 3A – Non-combustible/combustible protected  <input type="checkbox"/> 2B – Non-combustible/unprotected  <input type="checkbox"/> 2A – Non-combustible/protected  <input type="checkbox"/> 1B – Non-combustible/unprotected  <input type="checkbox"/> 1A – Non-combustible/protected</p>	<p><b>USE GROUPS:</b></p> <p><input type="checkbox"/> Vacant  <input type="checkbox"/> A-1 Assembly, theaters  <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants  <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings  <input type="checkbox"/> A-4 Assembly, indoor sporting facilities  <input type="checkbox"/> B Business  <input type="checkbox"/> E Educational  <input type="checkbox"/> F-1 Factory and Industrial, moderate hazard  <input type="checkbox"/> F-2 Factory and industrial, low hazard  <input type="checkbox"/> H-1 High Hazard, detonation hazards  <input type="checkbox"/> H-2 High Hazard, deflagration hazards  <input type="checkbox"/> H-3 High Hazard, physical hazards  <input type="checkbox"/> H-4 High Hazard, health hazards  <input type="checkbox"/> H-5 Hazardous production materials  <input type="checkbox"/> I-1 Institutional, supervised residential care  <input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home  <input type="checkbox"/> I-3 Institutional, restrained, prisons  <input type="checkbox"/> Mercantile  <input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses  <input type="checkbox"/> R-2 Residential, multiple family, fraternity, sorority  <input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses  <input type="checkbox"/> R-4 Assisted Living (6-16 occupants)  <input type="checkbox"/> S-1 Storage, moderate hazard  <input type="checkbox"/> S-2 Storage, low hazard  <input type="checkbox"/> U Utility, misc, garages, fences, sheds  <input type="checkbox"/> Mixed Uses</p>

**PLEASE FILL OUT ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION**

**DIMENSIONS / DATA:**

Number of Stories \_\_\_\_\_ Floor Areas: Main Floor \_\_\_\_\_ Second Floor \_\_\_\_\_ sq. ft.  
Number of Occupants \_\_\_\_\_ Total Area \_\_\_\_\_

**DESCRIPTION OF WORK:**

**VALUE OF WORK** – Includes Mechanical, Electrical, Plumbing, material and Labor: \* \$ \_\_\_\_\_

**NOTE:** In lieu of accurate construction costs, the building department reserves the right to use the State Construction Cost Table for computation of the total cost of improvement based on cost per square foot for any given Use Group/Type of Construction combination, as most recently approved by the Construction Code Commission or require verification of costs.

**SECTION 23A** of the State Construction Codes Act, Act 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of Section 23a are subject to Municipal Civil Infractions and fines.

**A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF THE PREVIOUS INSPECTION. CANCELLED PERMITS WILL NOT BE REFUNDED OR REINSTATED.**

**INITIAL HERE TO VERIFY THIS ITEM HAS BEEN READ**

**HOMEOWNERS AFFIDAVIT:** I hereby certify that I am the bona fide homeowner of the stated property which is a single-family residence and not for rental purposes and that I am currently occupying the premises or will occupy the premises. I am familiar with the provisions of the applicable ordinances and rules and hereby agree that the work to be commenced will be completed in accordance with the Michigan Residential Code currently in effect. I, by signing this application, assume the responsibility of a licensed contractor for the work being performed under this permit. I agree to notify the Building Department after each phase of work is completed so that the Department may make its required inspection(s). I further agree to keep all portions of work exposed until approved by the inspector(s).

**Violation Penalty:** Any person who shall violate any provision of the Ordinance or shall fail to comply with any of the requirements of the State of Michigan Building / Residential Code shall be subject to Municipal Civil Infraction and fines.

Signature (Homeowners Only) \_\_\_\_\_ Printed Name and Address \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACTOR, OWNER or OWNER’S REPRESENTATIVE.** I hereby acknowledge that I have read this application; filled out in full the information required. I certify by signing this application that all information is accurate and true to the best of my knowledge. I certify that I am OR I am acting as the owner’s agent, and agree to all terms, conditions and to comply with State Codes. I further agree to pay all fees for review of submitted plans, the building permit fee, and other fees and costs that may come as a result of any activity under this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(NOTE: Contractor is NOT allowed to act as agent for Owner if Contractor is in non-compliance status on any other permits.)**

**MUST BE SUBMITTED WITH THIS APPLICATION: TWO (2) SETS OF PLANS FOR RESIDENTIAL – SIX (6) SETS OF PLANS FOR COMMERCIAL and A digital copy of those plans.**

**OFFICE USE ONLY**

**DOCUMENTS:** [ ] Contractor Registered [ ] Copy of Contract [ ] Site Plan [ ] Energy Compliance Documents [ ] Seal

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Building Official