

1913 Baldwin Jenison, MI 49428 (616) 667-8803	Jurisdiction:	Fax #: (616) 667-8869
---	---------------	-----------------------

•• APPLICATION FOR BUILDING PERMIT ••

1.) LOCATION OF BUILDING			
ADDRESS			
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN (cross street)	AND (cross street)		
a. IDENTIFICATION: OWNER OR LESSEE		EMAIL	
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

Email:

2.) CONTRACTOR			
NAME		TELEPHONE NO.	FAX NO.
ADDRESS	CITY	STATE	ZIP CODE
EMAIL			
BUILDERS LICENSE NO.			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			SELF EMPLOYED NO EMPLOYEES <input type="checkbox"/>

3.) SUB-CONTRACTORS:	
(a) ELECTRIC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(b) HEATING/AC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(c) PLUMBING: _____	TELEPHONE NO. _____
ADDRESS: _____	

4.) PROJECT DESCRIPTION: COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>	
(a) <input type="checkbox"/> NEW BUILDING (b) <input type="checkbox"/> ADDITION (a) <input type="checkbox"/> ALTERATION (d) <input type="checkbox"/> DEMOLITION (e) <input type="checkbox"/> RELOCATION of BUILDING <input type="checkbox"/> SIGN <input type="checkbox"/> DET. GAR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> POLE BARN <input type="checkbox"/> MODULAR <input type="checkbox"/> MOBILE HOME (include year) _____	
(a) <input type="checkbox"/> SINGLE FAMILY (b) <input type="checkbox"/> TWO FAMILY (c) <input type="checkbox"/> MULTI-FAMILY (d) <input type="checkbox"/> ATTACHED GARAGE/CARPORT (e) <input type="checkbox"/> ACCESSORY STRUCTURE	
BRIEF DESCRIPTION OF PROJECT: _____	

5.) BUILDING DIMENSIONS	
WIDTH _____ Ft. x LENGTH _____ Ft. x HEIGHT _____	TOTAL SQ. Ft. _____ NUMBER OF STORIES _____
Square Footage by Floor: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____ Porch/Deck _____	

6.) IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100 YEAR FLOOD PLAIN? YES: NO:
 IS ANY PART OF THE PROPOSED PROJECT LOCATED IN A REGULATED WETLAND? YES: NO:

7.) IS THE EXCAVATED AREA LARGER THAN ONE ACRE, WITHIN 500 FT. OF A LAKE, RIVER, STREAM OR COUNTY DRAIN? YES: NO:

8.) PROJECT VALUATION \$ _____ (Include labor, exclude lot value.)

9.) APPLICANT INFORMATION:
 Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

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 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 sections 23a are subjected to civil fines.

SIGNATURE OF APPLICANT	APPLICATION DATE
------------------------	------------------

10.) HOMEOWNER'S AFFIDAVIT:
 I hereby certify the construction work described on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by The Municipality, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNED: _____ DATE _____

11.) LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SEWER OR SEPTIC	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Notes and Date - For Department Use: _____

VALIDATION

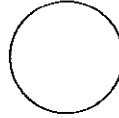
BUILDING PERMIT NUMBER:	APPROVED BY:
ISSUE DATE:	SIGNATURE
PERMIT FEE:	TITLE

ZONING: Site Plan: (Please read carefully and complete)

Using the space provided, or on a separate sheet of paper, draw a diagram showing all of the following items:

1. The dimensions of the lot or acreage (all sides).
2. The location, with distances to lot lines, of all existing and proposed structures.
3. The dimensions of all existing and proposed structures.
4. The distances between all existing structures.
5. The location of all roads bordering or on the property.
6. The location of any power and gas lines on the property.
7. The location of any lakes, rivers, streams, flood plain areas, or wetlands on or near the property.
8. The location of any easements on the property.

12.) SITE OR PLOT PLAN – FOR APPLICANT USE
Indicate direction of North within the circle



(Attach Additional Sheet
If Necessary.)

13.) PERMANENT PARCEL #: _____

14.) BUILDING SETBACKS (Front setback, as measured in feet, from the road right of way.)

FRONT: _____ SIDE: _____ SIDE: _____ REAR: _____

15.) Are there any houses or mobile homes, occupied or not, on this property at this time? ____ yes ____ no

I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF LOCAL ORDINANCES REGARDING SIDE YARDS AND BUILDING SETBACKS. IT IS ALSO UNDERSTOOD THAT ALL STRUCTURAL, ELECTRICAL, PLUMBING, HEATING, DRIVE APPROACHES, AND SIDEWALKS SHALL BE INSTALLED TO BOTH STATE AND LOCAL REQUIREMENTS, AND THAT A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED PRIOR TO OPERATION OR USE.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

APPLICATION REVIEWED BY: _____ DATE: _____
 APPROVED DENIED

Minimum Setbacks Required: Front: _____ 1 Side: _____ 2 Sides: _____ Rear: _____

ROBINSON TOWNSHIP

12010 – 120th Avenue
Grand Haven, MI 49417

Phone: 1-616-846-2210

FAX: 1-616-846-2369

APPLICATION FORM ZONING CERTIFICATE OF COMPLIANCE (\$15.00)

Applicant _____ Phone: _____

Address _____ Email: _____

City _____ State _____ Zip _____

Property Owner _____

Property Address _____

Parcel Number _____ Proof of Ownership _____

Intended Use of Land/Structure _____

Type of Structure _____ Size of Structure _____

Location from: Front Lot Line _____ Rear Lot Line _____

Side Lot Line _____ Side Lot Line _____

Additional Buildings/Structures on Lot/Parcel _____

I/we hereby certify that the above information is correct and accurately reflects the intended use of this lot/parcel or building/ structures. I/we understand that any change in the use of this lot/parcel, building or structure will require re-certification of Zoning compliance.

Date _____ Signed _____

Date _____ Signed _____

For Department Use Only

Original Submission Date: _____ Revisions: _____

Zoning District _____

Size of Parcel _____

Compliance: _____	Non – Compliance: _____
-------------------	-------------------------

SITE PLAN REQUIREMENTS: (Please read carefully and complete this drawing below)

Clearly indicate the following: Size of parcel (length and width). The dimensions of the proposed structure, the setback dimensions from ALL property lines and STREET EASEMENT LINES public or private, any other buildings on the property parcel, including size of other buildings or structures on the parcel, along with their setback dimensions. Show the location of all streets (public or private) WITH NAMES, any driveways and their locations, width and length. Show all easements abutting and through the parcel, watercourses, drainage ditches, power lines and such other information that may be required to complete the application process.

