



THE VILLAGE OF
BROOKLYN
MICHIGAN

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

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APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, AND V

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
	Brooklyn	Columbia	Jackson	49230
BETWEEN		AND		

II TYPE and COST of BUILDING

-All applications complete Parts A through D

A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> NEW BUILDING 2. <input type="checkbox"/> ADDITION (If residential enter number of new housing units added if any in Part D. 13) 3. <input type="checkbox"/> ALTERATION 4. <input type="checkbox"/> REPAIR, REPLACEMENT 5. <input type="checkbox"/> WRECKING (If residential enter number of units in building in Part D. 13) 6. <input type="checkbox"/> MOVING (Relocation) 7. <input type="checkbox"/> FOUNDATION ONLY	D. PROPOSED USE <i>For "Wrecking" most recent use</i> RESIDENTIAL 11. <input type="checkbox"/> ONE FAMILY 12. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS 13. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS 14. <input type="checkbox"/> ATTACHED GARAGE 15. <input type="checkbox"/> DETACHED GARAGE 16. <input type="checkbox"/> OTHER (Specify) _____	NON-RESIDENTIAL 17. <input type="checkbox"/> AMUSEMENT 18. <input type="checkbox"/> CHURCH, RELIGION 19. <input type="checkbox"/> INDUSTRIAL 20. <input type="checkbox"/> PARKING GARAGE 21. <input type="checkbox"/> SERVICE STATION 22. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL 23. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL 24. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL 25. <input type="checkbox"/> PUBLIC UTILITY 26. <input type="checkbox"/> STORE, MERCANTILE 27. <input type="checkbox"/> TANKS, TOWERS 28. <input type="checkbox"/> OTHER
B. OWNERSHIP 8. <input type="checkbox"/> PRIVATE (Individual, Corporation, Nonprofit Institution, etc.) 9. <input type="checkbox"/> PUBLIC (Federal, State, Local Government)		
C. COST (Omit Cents) 10. Cost of Improvement a. Electrical \$ _____ b. Plumbing \$ _____ c. Heating, Air Conditioning \$ _____ d. Other \$ _____ TOTAL Cost of Improvement \$ _____		

NONRESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

III. SELECTED CHARACTERISTICS of BUILDING

- For New Buildings and Additions complete Parts E through L For Wrecking complete only Part J, For All others skip to IV.

E. PRINCIPAL TYPE of Frame 29. <input type="checkbox"/> MASONRY (Wall Bearing) 30. <input type="checkbox"/> WOOD FRAME 31. <input type="checkbox"/> STRUCTURAL STEEL 32. <input type="checkbox"/> REINFORCED CONCRETE 33. <input type="checkbox"/> OTHER	G. PRINCIPAL TYPE of HEATING FUEL 36. <input type="checkbox"/> GAS 37. <input type="checkbox"/> OIL 38. <input type="checkbox"/> ELECTRICITY 39. <input type="checkbox"/> COAL 40. <input type="checkbox"/> OTHER	I. DIMENSIONS 48. Number of Stories _____ 49. Total Sq. Ft. of Floor Area _____ All Floors based on Exterior Dimensions 50. Total Land Area. Sq. Ft. _____
F. NUMBER of OFF STREET PARKING SPACES 34. Enclosed _____ 35. Outdoors _____		J. RESIDENTIAL BUILDINGS ONLY 53. Number of Bedrooms _____ 53. Number of Bathrooms _____ Full _____ Partial _____

IV. IDENTIFICATION

A. OWNER OF LESSEE

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

B. ARCHITECT OR ENGINEER

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
LICENSE NUMBER			EXPIRATION DATE

C. CONTRACTOR

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

V. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS			
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			

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 PA230, 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 APPLICANT

Fees for Residential are as follows:	
Plan Review \$65 per hour	Permit: \$65 administrative fee + \$65 per inspection
PLAN REVIEW FEE ENCLOSED \$	BUILDING PERMIT FEE ENCLOSED\$
AUTHORITY: P.A. 230 OF 1972 , AS AMENDED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP
COMPLETION: MANDATORY TO OBTAIN PERMIT	BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS,
PENALTY: PERMIT WILL NOT BE ISSUED	HANDICAP, OR POLITICAL BELIEFS.