

APPLICATION FOR BUILDING PERMIT

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C/O CASCADE CHARTER TOWNSHIP
2865 THORNHILLS SE GRAND RAPIDS, MI 49546-7192
PHONE 949-3765. FAX 949-7271

ADDRESS OF PROPERTY
 PERMANENT PARCEL NO. PROJECT VALUATION
 OWNER/TENANT TELEPHONE
 ADDRESS
 BUILDER/CONTRACTOR/APPLICANT LIC. NO.
 ADDRESS CELL
 CITY ZIP TELEPHONE FAX
 TYPE OF PROJECT SITE PLAN INCLUDED: YES NO
 USE GROUP CONST. TYPE
 SQUARE FOOTAGE BUILDING GARAGE OTHER
 COMPLIES WITH BARRIER FREE LAWS? YES NO N/A
 IS PARCEL WITHIN 500 FEET OF LAKE OR STREAM? YES NO

LIST SUB-CONTRACTORS

ELECTRICAL CONTRACTOR TELEPHONE
 MECHANICAL CONTRACTOR TELEPHONE
 PLUMBING CONTRACTOR TELEPHONE
 FIRE PROTECTION CONTRACTOR TELEPHONE

CONTRACTOR INFORMATION

Section 23a of the state Construction Code Act of 1972, Act No. 230 or public Acts of 1982, being section 125, 1523a or 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 civil fines.

FEDERAL I.D. NUMBER OF REASON FOR EXEMPTION
 WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION
 MESO EMPLOYER NUMBER OR REASON FOR EXEMPTION

1. Building permit **MUST** be posted on site visible from street.
2. ADDRESS **MUST** be posted at start of construction and permanent numbers affixed to building before final inspection.
3. First inspection when the foundation is in and waterproofed (if needed) but not backfilled.
4. Second inspection at rough-in. but not covered or insulated.
5. Final inspection when project completed **BUT BEFORE OCCUPANCY OR USE.**

All REQUIRED INSPECTIONS **MUST BE REQUESTED BY THE APPROPRIATE CONTRACTOR BY TELEPHONE TO:(616) 949-3765, AT LEAST 24 HOURS IN ADVANCE.**

I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF ALL CODES AND ORDINANCES IN EFFECT IN THE TOWNSHIP PERTAINING TO ALL PHASES OF CONSTRUCTION AND DEVELOPMENT OF THIS PROJECT. IT IS ALSO UNDERSTOOD THAT A CERTIFICATE OF OCCUPANCY **MUST** BE OBTAINED PRIOR TO USE OR OPERATION.

PRINT OR TYPE
 NAME TITLE DATE
 APPLICANT SIGNATURE

BELOW FOR OFFICE USE ONLY

BUILDING PERMIT VALUATION	FEES REQUIRED
BUILDING INSP. APPROVAL	BUILDING PERMIT
DATE	PLAN REVIEW
COMMENTS	SOIL EROSION
	WATER/SEWER
	CONTR. REGIS.
	TOTAL
	RECEIPT NO.
BUILDING PERMIT NUMBER	DATE