



# LINCOLN CHARTER TOWNSHIP

2055 West John Beers Road • P.O. Box 279 • Stevensville, MI 49127-0279 • (269) 429-1589 • FAX (269) 429-0880

## Application for Building Permit and Plan Examination

Authority: P.A.230 of 1972, as amended  
Completion: Mandatory to obtain permit  
Penalty: Permit will not be issued

The Lincoln Charter Township Department of Building Safety will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

APPLICANTS TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI.  
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

### I. PROJECT INFORMATION

DATE: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BETWEEN \_\_\_\_\_ AND \_\_\_\_\_

### II. IDENTIFICATION

#### A. OWNER OR LESSEE

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

#### B. ARCHITECT OR ENGINEER

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

#### C. CONTRACTOR

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
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: \_\_\_\_\_

### III. TYPE OF IMPROVEMENT AND PLAN REVIEW

#### A. TYPE OF IMPROVEMENT

1.  NEW BUILDING    2.  ADDITION    3.  ALTERATION    4.  REPAIR    5.  DEMOLITION  
6.  MOBILE HOME SET-UP    7.  FOUNDATION ONLY    8.  PREMANUFACTURE    9.  RELOCATION    10.  SPECIAL INSPECTION

Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.

#### B. REVIEW(S) TO BE PERFORMED

BUILDING     ELECTRICAL     MECHANICAL     PLUMBING     ZONING

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**REQUIRED ITEMS NEEDED FOR A CONSTRUCTION PROJECT: SITE PLAN, FLOOR PLAN, EXTERIOR OF ALL ELEVATIONS DRAWING, CROSS-SECTION DRAWING. 2 SETS OF DRAWINGS NEEDED FOR RESIDENTIAL AND 2 SETS OF DRAWINGS NEEDED FOR COMMERCIAL OR INDUSTRIAL PROJECTS.**

**IV. PROPOSED USE OF BUILDING**  
**A. RESIDENTIAL**

1.  ONE FAMILY      2.  TWO OR MORE FAMILY # OF UNITS \_\_\_\_\_ 3.  HOTEL, MOTEL # OF UNITS \_\_\_\_\_  
 4.  ATTACHED GARAGE      5.  DETACHED GARAGE      6.  OTHER \_\_\_\_\_

**B. NON-RESIDENTIAL**

7.  AMUSEMENT      8.  CHURCH, RELIGION      9.  INDUSTRIAL      10.  PARKING GARAGE  
 11.  SERVICE STATION      12.  HOSPITAL INSTITUTIONAL      13.  OFFICE, BANK, PROFESSIONAL  
 14.  PUBLIC UTILITY      15.  SCHOOL, LIBRARY, EDUCATIONAL      16.  STORE MERCANTILE  
 17.  TANKS, TOWERS      18.  OTHER

**C. TYPE OF SEWER SYSTEM AND WATER SUPPLY**

PUBLIC SEWER       SEPTIC SYSTEM       PUBLIC WATER       PRIVATE WELL

DESCRIBE WORK AND TYPE OF STRUCTURE:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. APPLICANT INFORMATION**

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_ FAX# \_\_\_\_\_

I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HERS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL THE APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**I UNDERSTAND AND AGREE, THAT BY SIGNING THIS DOCUMENT I AM RESPONSIBLE FOR ENSURING THAT ANY IMPROVEMENTS TO THE PROPERTY ARE IN COMPLIANCE WITH ALL HOMEOWNER OR SUBDIVISION ASSOCIATION RESTRICTIONS.**

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 Section 23a are subjected to civil fines.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

VALUE OF WORK \$ \_\_\_\_\_