

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Village of Brooklyn
 121 N. Main St. P.O. Box 90, Brooklyn, MI 49230
 voice: (517) 795-9902 fax: (517) 592-2277

Brian Taylor, Building Inspector

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input type="checkbox"/> NEW BUILDING</p> <p>2. <input type="checkbox"/> ADDITION <small>(If residential enter number of new housing units added if any in Part D. 13)</small></p> <p>3. <input type="checkbox"/> ALTERATION</p> <p>4. <input type="checkbox"/> REPAIR, REPLACEMENT</p> <p>5. <input type="checkbox"/> WRECKING <small>(If residential enter number of units in building in Part D. 13)</small></p> <p>6. <input type="checkbox"/> MOVING (Relocation)</p> <p>7. <input type="checkbox"/> FOUNDATION ONLY</p>	<p>D. PROPOSED USE <i>For "Wrecking" most recent use</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>RESIDENTIAL</p> <p>11. <input type="checkbox"/> ONE FAMILY</p> <p>12. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____</p> <p>13. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____</p> <p>14. <input type="checkbox"/> ATTACHED GARAGE</p> <p>15. <input type="checkbox"/> DETACHED GARAGE</p> <p>16. <input type="checkbox"/> OTHER <small>(Specify)</small> _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NON-RESIDENTIAL</p> <p>17. <input type="checkbox"/> AMUSEMENT</p> <p>18. <input type="checkbox"/> CHURCH, RELIGION</p> <p>19. <input type="checkbox"/> INDUSTRIAL</p> <p>20. <input type="checkbox"/> PARKING GARAGE</p> <p>21. <input type="checkbox"/> SERVICE STATION</p> <p>22. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL</p> <p>23. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL</p> <p>24. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL</p> <p>25. <input type="checkbox"/> PUBLIC UTILITY</p> <p>26. <input type="checkbox"/> STORE, MERCANTILE</p> <p>27. <input type="checkbox"/> TANKS, TOWERS</p> <p>28. <input type="checkbox"/> OTHER</p> </td> </tr> </table>	<p>RESIDENTIAL</p> <p>11. <input type="checkbox"/> ONE FAMILY</p> <p>12. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____</p> <p>13. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____</p> <p>14. <input type="checkbox"/> ATTACHED GARAGE</p> <p>15. <input type="checkbox"/> DETACHED GARAGE</p> <p>16. <input type="checkbox"/> OTHER <small>(Specify)</small> _____</p>	<p>NON-RESIDENTIAL</p> <p>17. <input type="checkbox"/> AMUSEMENT</p> <p>18. <input type="checkbox"/> CHURCH, RELIGION</p> <p>19. <input type="checkbox"/> INDUSTRIAL</p> <p>20. <input type="checkbox"/> PARKING GARAGE</p> <p>21. <input type="checkbox"/> SERVICE STATION</p> <p>22. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL</p> <p>23. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL</p> <p>24. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL</p> <p>25. <input type="checkbox"/> PUBLIC UTILITY</p> <p>26. <input type="checkbox"/> STORE, MERCANTILE</p> <p>27. <input type="checkbox"/> TANKS, TOWERS</p> <p>28. <input type="checkbox"/> OTHER</p>								
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<p>B. OWNERSHIP</p> <p>8. <input type="checkbox"/> PRIVATE <small>(Individual, Corporation, Nonprofit Institution, etc.)</small></p> <p>9. <input type="checkbox"/> PUBLIC <small>(Federal, State, Local Government)</small></p>											
<p>C. COST <small>(Omit Cents)</small></p> <p>10. Cost of Improvement</p> <table style="width: 100%;"> <tr> <td>a. Electrical</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b. Plumbing</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c. Heating, Air Conditioning</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>d. Other</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>TOTAL Cost of Improvement</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	a. Electrical	\$ _____	b. Plumbing	\$ _____	c. Heating, Air Conditioning	\$ _____	d. Other	\$ _____	TOTAL Cost of Improvement	\$ _____	
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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 I For Wrecking complete only Part J, For All others skip to IV.

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

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 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

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.