



# CLAY TOWNSHIP

## BUILDING DEPARTMENT

4710 PTE. TREMBLE RD.  
 P. O. BOX 429  
 ALGONAC, MI 48001  
 (810) 794-9320 FAX: (810) 794-1964

### APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

AUTHORITY: P.A. 230 of 1972, AS AMMENDED  
 COMPETITION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: PERMIT WILL NOT BE ISSUED

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI**  
 NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR ELECTRICAL, PLUMBING AND MECHANICAL PERMITS

#### I. PROJECT LOCATION

PROJECT NAME	ADDRESS
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#### II. IDENTIFICATION – OWNER/LESSEE

NAME		ADDRESS	
CITY	STATE	ZIP	PHONE #

#### ARCHITECT OR ENGINEER

NAME		ADDRESS	
CITY	STATE	ZIP	PHONE #

#### CONTRACTOR

NAME		ADDRESS	
CITY	STATE	ZIP	PHONE #
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

##### TYPE OF IMPROVEMENT

NEW BUILDING     MOBILE HOME SET-UP     PREMANUFACTURED     RELOCATION     ADDITION  
 DECK     REPAIR     ALTERATION     DEMOLITION     SPECIAL INSTRUCTIONS  
 CERTIFICATE OF OCCUPANCY     COMMERCIAL     RESIDENTIAL

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

**\*\*INDIVIDUAL TRADE PERMITS ARE REQUIRED\*\***

BUILDING     ELECTRICAL     MECHANICAL     PLUMBING

Building Permit # \_\_\_\_\_

11/23/07

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> HOTEL, MOTEL<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                    | 6. <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT        | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE            |
| 9. <input type="checkbox"/> INDUSTRIAL       | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS                |
| 10. <input type="checkbox"/> PARKING GARAGE  | 14. <input type="checkbox"/> PUBLIC UTILITY             | 18. <input type="checkbox"/> OTHER                        |

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.

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING 2.  WOOD FRAME 3.  STRUCTURAL STEEL 4.  REINFORCED CONCRETE 5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS 7.  OIL 8.  ELECTRICITY 9.  COAL 10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY 12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY 14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?  YES  NO 16. WILL THERE BE FIRE SUPPRESSION?  YES  NO

**F. DIMENSIONS/DATA**

	21.	FLOOR AREA:	EXISTING	ALTERATION	NEW
17. NUMBER OF STORIES _____		BASEMENT	_____	_____	_____
18. USE GROUP _____		FIRST FLOOR	_____	_____	_____
19. CONST. TYPE _____		LENGTH & WIDTH	_____	_____	_____
		SECOND FLOOR	_____	_____	_____
		LENGTH & WIDTH	_____	_____	_____
20. NO. OF OCCUPANTS _____		TOTAL AREA	_____	_____	_____
		IN SQUARE FEET	_____	_____	_____

**TOTAL CONSTRUCTION VALUE OF PROJECT \$ \_\_\_\_\_**

**G. ELEVATION INFORMATION**

22. THE LOWEST FLOOR IS \_\_\_\_\_ FEET ABOVE SEA LEVEL, USGS DATUM

**H. NUMBER OF OFF STREET PARKING SPACES**

23. ENCLOSED \_\_\_\_\_ 24. OUTDOORS \_\_\_\_\_

**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 NO.		
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I. D. NUMBER	DATE OF BIRTH      /      /		

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 AND COMPLY WITH 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, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.

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

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
<b>A – ZONING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>B – FIRE DISTRICT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>C – ELEVATION CERTIFICATE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>D – DRIVE WAY PERMIT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>E – SOIL EROSION</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>F – FLOOD ZONE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>G – WATER SUPPLY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>H – SEPTIC PERMIT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>I – VARIANCE GRANTED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>J – OTHER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VIII. VALIDATION – FOR DEPARTMENT USE ONLY**

COMMENTS:

APPROVAL SIGNATURE

\_\_\_\_\_  
CLAY TOWNSHIP BUILDING OFFICIAL

\_\_\_\_\_  
DATE

**CLAY TOWNSHIP BUILDING DEPARTMENT**  
**Requirements for Obtaining Building Permits**  
**From**  
**Clay Township Building Department**

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**RESIDENTIAL STRUCTURES:**

**(One and Two Family Residential with *less* than 3,500 square feet)**

- Building Permit/Plan Review Application
- Minimum of two (2) sets of plans drawn to scale with all required dimensions that include the following:
  - Foundation and Floor Plans.
  - Roof and Wall Section.
  - Building Elevations.
  - Site Plan and Survey (A Survey is required for all vacant parcels)
- Also:
  - Driveway Permit (if necessary) from St. Clair County (810) 364-5720
  - Septic Permit (if necessary) from St. Clair County (810) 987-5300
  - Soil Erosion Permit (if necessary- digging within 500' of water) (810) 987-5306
  - Elevation Certificate (if necessary)
  - 2009 Michigan Energy Code Compliance Certificate
- (All of the above must be submitted with Building Permit Application and Plans)
- See the following page for all Required Inspections

**COMMERCIAL STRUCTURES:**

**(Including One and Two Family Residential with *more* than 3,500 square feet)**

- Building Permit/Plan Review Application
- Two (2) sets of plans and specifications with **original signature and seal** of an architect or engineer registered in the State of Michigan.
- Also:
  - Driveway Permit (if necessary) from St. Clair County (810) 364-5720
  - Septic Permit (if necessary) from St. Clair County (810) 987-5300
  - Soil Erosion Permit (if necessary- digging within 500' of water) (810) 987-5306
  - Elevation Certificate (if necessary)
  - 2009 Michigan Energy Code Compliance Certificate
- See the following page for all Required Inspections

**MOBILE AND PREMANUFACTURED HOMES:**

- Building Permit/Plan Review Application
- Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation.
- Site Plan and Survey.
- For Michigan approved pre-manufactured units; two (2) copies of the Building System Approval as approved by the State of Michigan Construction Code Commission as meeting the State Construction Code (Public Act 230 of 1972 and Public Act 371 of 1980).
- For mobile home units, two (2) copies of the approvals by the United States Department of Housing and Urban Development Mobile Home Construction and Safety Standards (24 CFR 3280).
- Required Inspections: Footing Inspection and Final Inspection

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

Page 1 of the application: Complete all applicable sections.

Page 2 of the application: Enter the information as required.

Page 3 of the application: Only complete Section VI. Must be completed by the permit applicant and signed.

**BUILDING PERMIT FEES:**

Approximate Building Permit Fees may be obtained from the Clay Township Building Department by calling (810) 794-9320. No money is due at time of application. You will be notified of Permit Fees when application has been approved and permit is ready to be issued.

- **The Building Inspector will return one copy of the plans to the applicant after he has marked such copy either approved or disapproved and attested to the same by the signature on such copy. The Building Department will retain one copy of the plans similarly marked.**
- **Project must be started within the first six (6) months of Building Permit issue date.**
- **Inspections are required at least every 180 days (6months).**
- **POSTED ADDRESS, POSTED BUILDING PERMIT, AND APPROVED BUILDING PLANS**
- **MUST BE ON PROJECT SITE AT ALL TIMES.**

**WHEN TO CALL FOR AN INSPECTION:**

Please call the Building Department's telephone number listed on your building permit at least 24 hours prior to the time you need an inspection. A minimum of six (6) inspections is required on most structures. It is the permit holder's responsibility to call for inspections.

**Foundation Inspection:**

The foundation inspection is to be made after the footings, walls, waterproofing and drain tile is installed. Call for an inspection *prior* to pouring the footings.

**Open Joist-Crawl/Backfill-Basement:**

This inspection is to be made before putting the decking on and after the basement has been poured.

**Masonry Inspection:**

This inspection shall be made before the installation of masonry veneer and after the installation of base course flashing and weather-resistant sheathing paper, and after the masonry construction is completed.

**Rough Inspection:**

The rough inspection is to be made after the roof, all framing, fire stopping, bracing, electrical, mechanical and plumbing rough installations are in place, rough inspected, and before the insulation is installed.

**Insulation Inspection:**

The insulation inspection is to be made after all insulation is in place and before the drywall is hung.

**Final Inspection:**

The final inspection is to be made upon completion of the building or structure, after approved final inspections of electrical, mechanical, and plumbing, and before occupancy occurs.