

Building Permit Application

CHARTER TOWNSHIP OF CANTON
DEPARTMENT OF MUNICIPAL SERVICES
BUILDING & INSPECTION SERVICES
1150 S. Canton Center Road, Canton, MI 48188 • 734/394-5200

Building Services Use Only

License Attached _____ Check Number _____ Permit No. BD# _____
Street Prot. ____ Att. ____ Need ____ Blkt ____ N/A Total Due\$ _____

Business Name: _____ ***E-mail Address** _____

I. IDENTIFICATION

1. **Permit Applicant** _____ Phone _____
Mailing Address _____ **City/State** _____ **Zip** _____
E-mail Address _____
2. **Property Owner** _____ Phone _____
Mailing Address _____ **City/State** _____ **Zip** _____
E-mail Address _____
3. **Contractor** _____ Phone _____
Mailing Address _____ **City/State** _____ **Zip** _____
E-mail Address _____
4. **Architect or Engineer** _____ Phone _____
Mailing Address _____ **City/State** _____ **Zip** _____

II. LOCATION OF IMPROVEMENT

Address _____ **Canton, MI** **Zip** _____
Main Cross Streets _____ **And** _____
Subdivision/Complex _____ **Lot/Bldg** _____ **Lot Size** _____
Business Name _____ **Suite** _____ **Phone** _____
Zoning District _____ **Property ID#** _____

III. TYPE AND COST OF IMPROVEMENT

A. Type of Improvement (please check)

New Construction First Occupancy Reoccupancy Interior Finish
Addition/Alteration Demolition Repair/Replacement
Other _____

B. Cost

Total Cost of Building Improvements \$ _____
Total Cost of Site Improvements \$ _____
TOTAL PROJECT COSTS \$ _____



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C. Use (please check)

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Garage/Storage |
| <input type="checkbox"/> Two Family Residence | <input type="checkbox"/> Commercial No. of Tenant Spaces _____ |
| <input type="checkbox"/> Multi Family Residence No. of Units _____ | <input type="checkbox"/> Industrial No. of Tenant Spaces _____ |
| <input type="checkbox"/> Other _____ | |

D. Dimension

Width _____ Length _____ Height _____ Elevation _____
Total Sq. Ft. _____ No. of Stories _____ Plan# _____

IV. NON-RESIDENTIAL CONSTRUCTION

Occupant Load _____ Principal Type of Construction _____

Use Group _____ Off Street Parking Spaces _____

DESCRIBE IN DETAIL the proposed use of the structure/building:

V. REQUIREMENTS

THERE MAY BE DEED RESTRICTIONS ON THIS PROPERTY NOT PERMITTING THIS PROJECT. PLEASE CHECK THE TITLE FOR ITS DEED RESTRICTIONS AND COVENANTS.

The location, ownership and detail must be correct, complete and legible. Separate applications are required for each project. Building plans, specifications, and a detailed plan must be filed with this application.

VI. VALIDATION

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 authorized agent and I agreed to conform to all applicable laws of this jurisdiction.

Applicant's Signature _____ Date _____

Printed Name _____

VII. BUILDING SERVICES REVIEW

HOA/ACC Attached Yes N/A

Estimated Cost \$ _____ Administrative Fee _____

Receipt # _____ Registration Fee _____

Master/Tag # _____ Plan Review Fee _____

Permit # _____ Underground Inspection _____

Water/Sewer # _____ Permit Fee _____

Total Permit Fee _____

Remarks _____

APPROVED FOR PERMIT:

Building Inspector Date

Rob Creamer, Building Official

Date



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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 person who are to perform work on a residential building or a residential structure. Violators of Sections 23a are subjected to civil fines.

LICENSE NO. _____ EXPIRATION DATE _____

FEDERAL EMPLOYER ID NO. OR REASON FOR EXEMPTION _____

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _____

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____

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 authorized agent and I agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Date

Certificate of Occupancy Information:

If applicable, please provide the required information for your Certificate of Occupancy:

Homeowner: _____

Business Name: _____

Business Owner Name & Address:

Property Owner Name & Address:

