



GROVELAND TOWNSHIP
4695 Grange Hall Road
Holly, MI 48442
Office (248) 634-4152
Fax (248) 634-1351

APPLICATION FOR BUILDING PERMIT

BRING IN, OR SUBMIT BY MAIL WITH PAYMENT

Rev. 03-14-15

Applicant to Complete All Items in Sections I, II, III, IV, V, VI and VII. (Pages 1, 2 & 3)

Note: Separate Applications Must Be Completed for Plumbing, Mechanical and Electrical Work Permits.

I. PROJECT INFORMATION

APPLICATION DATE

PROJECT NAME	PARCEL IDENTIFICATION NUMBER	LOT NUMBER	
ADDRESS OF CONSTRUCTION SITE	CITY	STATE	ZIP CODE

II. OWNER – LESSEE

NAME		EMAIL	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
ARCHITECT OR ENGINEER'S – NAME		EMAIL	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
LICENSE NUMBER		EXPIRATION DATE	

III. CONTRACTOR

NAME		EMAIL	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (include area code)
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			

IV. TYPE OF IMPROVEMENT AND PLAN REVIEW

RESIDENTIAL		COMMERCIAL	
NEW CONSTRUCTION		ADDITION	
REPAIR		MOBILE HOME	
ACCESSORY STRUCTURES	POLE BARN		GARAGE
OTHER ACCESSORY STRUCTURE(S)			
SIZE OR SQUARE FOOTAGE		CONSTRUCTION COST	
SITE PLAN APPROVAL DATE	VARIANCE APPROVAL DATE	ZONING DISTRICT	
NON-RESIDENTIAL: DESCRIBE PROPOSED USE OF THE BUILDING			

ADDITIONAL INFORMATION TO BE SUBMITTED

Copy of Contractor's License and driver's license if applicable.
 Two (2) sets of plans for all projects. Plans are to be accurate and specific for the proposed project.
 Copy of Well and Septic permits from the Oakland County Health Department for new or alterations of system.
 Copy of Driveway permits from Road Commission of Oakland County for new drive cuts on public roads.
 Plot plan showing location of new and existing structures.
 Energy code calculations.

V. APPLICANT INFORMATION

(Homeowner's signature indicates compliance with Section VI. Homeowner's Affidavit.)

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME		TELEPHONE NUMBER (include area code)	
ADDRESS		CITY	STATE ZIP CODE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION.			
I HEARBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF THE RECORD 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, 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 preform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines. I understand that all construction must meet Groveland Township and State of Michigan requirements.			
Signature of Applicant		Date	

VI. HOMEOWNER'S AFFIDAVIT

I hereby certify the construction work described on this permit application shall be installed by myself in my own home which I am living in or about to occupy. All work shall be installed in accordance with the Building code and **shall not be enclosed, covered up or put in operation** until it has been **inspected and approved** by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

VII. SITE OR PLOT PLAN – FOR APPLICANT’S USE

A large grid for site or plot plan drawing, consisting of 30 columns and 30 rows. A faint watermark reading "Groveland Twp" is visible across the center of the grid.

ADDRESS MUST BE POSTED PRIOR TO START OF CONSTRUCTION

The Department of Labor & Economic Growth will not discriminate against an individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs be known to this agency.

VIII. VALIDATION FOR DEPARTMENT USE ONLY

USE GROUP	TYPE OF CONSTRUCTION	
PERMIT FEES		
RESIDENTIAL		
BASE / OTHER		
SQUARE FEET		
ADMINISTRATION		
ADDITIONAL		
ADDITIONAL		
ADDITIONAL		
ADDITIONAL		
TOTAL		
NOTE		
APPROVAL SIGNATURE	TITLE	DATE