

APPLICATION FOR SPENCER TOWNSHIP BUILDING PERMIT

14960 MEDDLER AVE., GOWEN, MI 49326
616-984-0035 fax: 616-9842207

BUILDING INSPECT.

Casey Patterson
616-984-0035
Mon 3-4pm
Thurs 1-3pm

ELECTRICAL INSPECT.

Eric Stroh
616-696-8287

PLUMBING & MECHANICAL INSP.

Jeff Biegalle
616-984-6023

DATE: _____

PERMIT # _____

BUILDING SITE ADDRESS: _____

PARCEL # 41-04-_____-_____-_____

BETWEEN WHAT CROSS STREETS: _____ AND _____

APPLICANT/CONTRACTOR: _____

ADDRESS: _____ PHONE: _____

ZIP: _____

OWNER'S NAME IF DIFFERENT THAN ABOVE: _____

ADDRESS: _____

BUILDING INFORMATION

LOT SIZE: _____ SQUARE FOOT OF BUILDING: _____

BUILDING DIMENSIONS: _____ FT WIDE BY _____ FT LONG _____ FT HIGH

ESTIMATED COST: \$ _____ TYPE OF BUILDING: _____

(house, garage, pole bldg, etc)

TYPE OF FOUNDATION: _____

***** ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION *****

SEE BUILDING PERMIT INFORMATION CHECKLIST

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

_____ phone # _____
Name

_____ fax # _____
Address

_____ cell # _____

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 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, 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

Application Date

Local governmental agency to complete this section below

Environmental control approvals

Approved

Zoning _____
Soil Erosion _____
Flood Zone _____
Water Supply _____
Septic System _____
Variance Granted _____
Other _____

Building Permit # _____

Approved by:

Issue Date _____

Permit Fee _____

Signature

Title

Certificate of Occupancy Deposit

Spencer Township requires a \$500.00 Certificate of Occupancy Deposit to insure compliance with the Michigan Building Code Section 110.

This deposit will be refunded to the applicant within 30 days after the issuance of Certificate-of-Occupancy. This occurs as long as the building or work for which the permit was issued has not been occupied.

In the event the Building Inspector determines the building has been occupied prior to the issuance of "C of O" the deposit will be forfeited. (Forfeiture of the deposit will in no way constitute failure to comply with the code).

Name: _____ Permit #: _____

Address: _____ Phone: _____

Date Paid: _____

Cash Check # _____ Money Order

Worksite address: _____

Deposit returned: _____ Twp Ck # _____
(date)

**SPENCER TOWNSHIP
KENT COUNTY, MICHIGAN**

14960 Meddler Ave, Gowen, MI 49326
Phone (616) 984-0035 Fax (616) 984-2207

Michigan Energy Code

Date: _____

Type of Structure: _____

Job Address: _____

Attic Insulation: _____ inches (blown-in or batt) R value _____

Sidewall Insulation: _____ inches (blown-in or batt) R value _____

Home will have thermal windows: Double Triple pane

Wall Sheathing type: _____

This structure meets Energy Code Requirements

_____ Builder

**SPENCER TOWNSHIP
STATEMENT OF UNDERSTANDING**

I the undersigned agree and understand it is my responsibility as applicant for this permit to call the township inspectors for all inspections. Final Inspections are necessary before the Certificate of Occupancy can be issue by the Township.

Failure to do so will result in a citation answerable in 63rd District Court – Rockford, MI 49341. The fine for such a violation is not less than \$100 nor more than \$500 for the first offense.

PERMIT TYPE:

Building _____ Signature _____ Date _____

General Contractor (if applicable)
Applicant Signature _____ Date _____

(signature)

(print name)

