

COVERT TOWNSHIP

73943 E. Lake St. PO Box 35 Covert, MI 49043

Phone: (269) 764-8986

Fax: (269) 764-1771

Permit # _____

Fee _____

Method of Payment _____

Receipt # _____

Authority: 1972 PA 230

Completion: Mandatory to obtain permit

Penalty: Permit cannot be issued

**MAKE CHECK OR MONEY ORDER PAYABLE TO
COVERT TWP****BUILDING PERMIT & PLANS EXAMINATION APPLICATION**

I. Project Information					
JOB Address			Name of Owner		
Name of City, Village or Township in which job is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township OF: Covert			County	Zip Code	
Between _____			And _____		
II. Identification					
A. Owner or Lessee					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
B. Contractor					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
Builders License #		Expiration Date	Federal Employer ID # (or reason for exemption)		
Workers Comp Insurance Carrier (or reason for exemption)			MESC # (or reason for exemption)		
C. Architect or Engineer					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
License #		Expiration Date			
III. Type of Improvement					
<input type="checkbox"/> New	<input type="checkbox"/> Interior Alteration/Remodel	<input type="checkbox"/> Metal Roofing Only	<input type="checkbox"/> Foundation Only		
<input type="checkbox"/> Addition	<input type="checkbox"/> Exterior Alteration/Remodel	<input type="checkbox"/> Roofing Re-Deck & Shingles	<input type="checkbox"/> Demolition		
<input type="checkbox"/> Siding Only	<input type="checkbox"/> Mobile Home/Pre-manufactured	<input type="checkbox"/> Roofing Shingles Only	<input type="checkbox"/> Special Inspection		
IV. Proposed Use of Building					
A. Residential					
<input type="checkbox"/> One Family Home	<input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>		<input type="checkbox"/> Pool(Above/Below Ground)		
<input type="checkbox"/> Two Family Home	<input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u>		<input type="checkbox"/> Other _____		
<input type="checkbox"/> More than Two Family Home	<input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u>				
B. Non-Residential					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Service Station		<input type="checkbox"/> School, Library, Educat.		
<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Hospital, Institutional		<input type="checkbox"/> Store, Mercantile		
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Bank, Professional		<input type="checkbox"/> Tanks, Towers		
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Public Utility		<input type="checkbox"/> Other _____		

Non-Residential: 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 Foundation and Frame

Foundation: ☐ Basement Pour/Block (Circle One) ☐ Crawl Space Pour/Block (Circle One) ☐ Piers ☐ Other _____
 Frame: ☐ Masonry ☐ Wood ☐ Structural Steel ☐ Reinforced Concrete ☐ Other _____

B. Principal Type of Heating Fuel

☐ Gas ☐ Oil ☐ Electricity ☐ Coal ☐ Other _____

C. Type of Sewage Disposal

☐ City Sewer ☐ Septic System

D. Type of Water Supply

☐ City Water ☐ Private Well or Cistern

E. Type of Mechanical

Will there be Air Conditioning? ☐ Yes ☐ No Commercial Question: Will there be Fire Suppression? ☐ Yes ☐ No
 Will there be a fire place? ☐ Yes ☐ No Will it be masonry? ☐ Yes ☐ No Type of fuel burned in fire place: ☐ Wood ☐ Gas

F. Dimensions/Data (Include only project dimensions of altered, remodeled or new square footage)

Will any part of the basement be finished? ☐ Yes ☐ No If so, how much? _____ Square Feet

Number of Stories _____

NEW OR REMODELED OR ALTERED PROJECT INFORMATION

		Project Length	Project Width	Square Feet
Height of Project _____				
No. of Bedrooms _____	Circle One (New/Altered)			
No. of Full Baths _____	(New/Altered)			
No. of 1/2 Baths _____	(New/Altered)			
	Basement Area			
	1 st Floor Area			
	2 nd Floor Area			
	3 rd Floor & Above			
	Outbuilding/Other _____			
	Deck/Porch (Attached/Detached)			
	Garage (Attached/Detached)			
				Total Sq. Ft. _____

G. Number of Off Street Parking Spaces FOR COMMERCIAL USE ONLY

Enclosed _____ 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 _____	Address _____		City _____
State, Zip Code _____	Telephone (including area code) _____	Federal Employer ID# (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/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. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.

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 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:

DATE:

VII. Local Government Agency to Complete This Section					
ENVIRONMENTAL CONTROL APPROVALS					
	Required	Approved	Date	Number	By
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				

VIII. Validation-For Department Use Only	
Use Group _____	Review to be Performed _____
Type of Construction _____	Number of Inspections _____
Square Feet _____	Bldg Permit Fee _____ Plan Exam Fee _____
Type of Foundation _____	
Approval Signature: _____	
Title _____	Date _____

THIS APPLICATION IS FOR BUILDING PROJECTS - BOTH RESIDENTIAL AND COMMERCIAL

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 AS WELL AS THE APPLICATION FEE AND COST OF PLAN REVIEW (IF APPLICABLE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS OR APPLICATIONS.

BUILDING PERMIT FEES ARE CALCULATED BY THE BUILDING INSPECTOR.

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$100.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION

MAKE CHECK PAYABLE TO COVERT TWP

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.