

**CHARTER TOWNSHIP OF OAKLAND**

**BUILDING PERMIT APPLICATION**

Building and Code Enforcement Department  
4393 Collins Road, Rochester, Michigan 48306-1670  
Phone: 248-651-6930 Facsimile: 248-651-1510  
[www.oaklandtownship.org](http://www.oaklandtownship.org)

Applicant To Complete All Items In Sections I, II, III, IV, V and VI  
Note: Separate Applications Must Be Completed For Plumbing, Mechanical & Electrical Permits

<b>I. PROJECT NAME</b>					
Project Name			Address		
City		County		Zip Code	
Zoning	Subdivision		Lot number		Parcel ID
<b>II. IDENTIFICATION</b>					
<b>A. OWNER OR LESSEE</b>					
Name			Address		
City		State	Zip Code		Telephone Number (Include Area Code)
<b>B. ARCHITECT OR ENGINEER</b>					
Name			Address		
City		State	Zip Code		Telephone Number (Include Area Code)
License Number			Expiration Date		
<b>C. CONTRACTOR</b>					
Name			Address		
City		State	Zip Code		Telephone Number (Include Area Code)
Builders License			Expiration Date		
Federal Employer Id Number (Or Reason For Exemption)					
Workers Comp Insurance Carrier (Or Reason For Exemption)					
UIA Number (Or Reason For Exemption)					
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>					
<b>A. TYPE OF IMPROVEMENT</b>					
<input type="checkbox"/> 1. New Building	<input type="checkbox"/> 2. Addition	<input type="checkbox"/> 3. Alteration	<input type="checkbox"/> 4. Repair	<input type="checkbox"/> 5. Demolition	<input type="checkbox"/> 6. Mobile Home Set-Up
<input type="checkbox"/> 7. Pre-manufacture	<input type="checkbox"/> 8. Relocation	<input type="checkbox"/> 9. Special Inspection			
<b>B. PLAN REVIEW REQUIRED</b>					
Plans must be submitted with an application for plan examination and the appropriate fee before a permit can be issued, except as listed below. Plans are not required for alterations and repair work determined by the Building Official to be of a minor nature. Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 pa 299 and shall bear that architect's or engineer's seal and signature.					

<b>IV. PROPOSED USE OF BUILDING</b>					
<b>A. RESIDENTIAL</b>					
<input type="checkbox"/> 1. One Family		<input type="checkbox"/> 2. Hotel, Motel No. of Units _____		<input type="checkbox"/> 3. Detached Accessory Bldg No. of Units _____	
<input type="checkbox"/> 4. Two or More Family No. of Units _____		<input type="checkbox"/> 5. Attached Garage		<input type="checkbox"/> 6. Other _____	
<b>B. NON-RESIDENTIAL</b>					
<input type="checkbox"/> 7. One Family		<input type="checkbox"/> 8. Church, Religion		<input type="checkbox"/> 9. Industrial	
<input type="checkbox"/> 10. Parking Garage		<input type="checkbox"/> 11. Service Station		<input type="checkbox"/> 12. Hospital, Institutional	
<input type="checkbox"/> 13. Office, Bank, Professional		<input type="checkbox"/> 14. Public Utility		<input type="checkbox"/> 15. School, Library, Educational	
<input type="checkbox"/> 16. Store, Mercantile		<input type="checkbox"/> 17. Tanks, Towers		<input type="checkbox"/> 18. Other _____	
Non-residential – describe in detail proposed use of building e.g. Food processing plant, machine shop, laundry building at hospital, parking garage for department store, rental office building, and office building at industrial plant. If use of existing building is being changed, enter proposed use.					
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>					
<b>A. PRINCIPAL TYPE OF FRAME</b>					
<input type="checkbox"/> 1. Masonry, Wall Bearing		<input type="checkbox"/> 2. Wood Frame		<input type="checkbox"/> 3. Structural Steel	
				<input type="checkbox"/> 4. Reinforced Concrete	
				<input type="checkbox"/> 5. Other _____	
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>					
<input type="checkbox"/> 6. Gas		<input type="checkbox"/> 7. Oil		<input type="checkbox"/> 8 Electricity	
				<input type="checkbox"/> 9. Coal	
				<input type="checkbox"/> 10. Other _____	
<b>C. TYPE OF SEWAGE DISPOSAL</b>					
<input type="checkbox"/> 11. Public or Private Company			<input type="checkbox"/> 12. Septic System		
<b>D. TYPE OF WATER SUPPLY</b>					
<input type="checkbox"/> 13. Public or Private Company			<input type="checkbox"/> 14. Private Well		
<b>E. TYPE OF MECHANICAL</b>					
15. Will There Be Air Conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO			16. Will There Be Fire Suppression? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>F. DIMENSIONS/DATA</b>					
17. Number of Stories		21. Floor Area:		Existing	
18. Use Group		Basement		Alterations	
19. Construction Type		1 <sup>st</sup> and 2 <sup>nd</sup> Floor		New	
20. No. of Occupants		3 <sup>rd</sup> – 10 <sup>th</sup> Floors			
		11 <sup>th</sup> – Above			
		Total Area			
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>					
22. Enclosed _____			23. Outdoors _____		
<b>VI. APPLICANT INFORMATION</b>					
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 number (include area code)	

**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 MICHIGIAN. 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 perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

Signature of Applicant

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

Use Group	_____	Permit Fee	\$ _____
Type of Construction	_____	Plan	\$ _____
Square Feet	_____	Performance Bond	\$ _____
		License Registration	\$ _____
		Sewer Tap Fee	\$ _____
		Lateral Charge	\$ _____
		Water System Fee	\$ _____
		Total	\$ _____
		Deposit	\$ _____
		Balance due	\$ _____

Zoning Board of Appeals

Planning Department

Approval Signature

Title

Date