

ACCESSORY BUILDING PERMIT

Date ____/____/____
BATH TOWNSHIP

Bath Township Building and Zoning
 PO Box 247, (14480 Webster Rd)
 Bath, MI 48808
 Phone: 517-641-4238
 Fax: 517-641-4170

Permit # _____
Accessory/detached structures and demolition

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: () _____ Cell: () _____

Address: _____ E-mail address _____

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Building Height _____

Type of Construction _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- | | |
|--|---|
| <input type="checkbox"/> Sq. ft. shed | <input type="checkbox"/> cement slab & thickened edge |
| <input type="checkbox"/> Sq. ft. pole building | <input type="checkbox"/> cement slab (3 1/2" - 4") |
| <input type="checkbox"/> Sq. ft. porch on pole building | <input type="checkbox"/> rafters _____" O.C. |
| <input type="checkbox"/> Sq. ft. pool | <input type="checkbox"/> trusses _____" O.C. |
| <input type="checkbox"/> Sq. ft. deck for pool | <input type="checkbox"/> metal roof |
| <input type="checkbox"/> Sq. ft. unattached frame garage | <input type="checkbox"/> asphalt shingles |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> metal exterior |
| <input type="checkbox"/> Sq. ft. demolition | <input type="checkbox"/> aluminum/vinyl exterior |
| <input type="checkbox"/> Lineal ft. fence | <input type="checkbox"/> brick exterior |
| _____ Type of fence | <input type="checkbox"/> block exterior |
| _____ Height of fence | <input type="checkbox"/> wood exterior |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Number of windows |
| _____ | <input type="checkbox"/> Number of garage doors |

Office Use Only

Zoning District _____
 Use Group _____
 Type of Construction _____
 Permit Determinant _____

COST OF PERMIT: \$ _____

By: _____
Building Official

Make checks payable to: **BATH Township**

Contractor		Phone	Fax
Fax		Cell	
Address		City & State	Zip Code
Federal D No/Social Security No.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
EMAIL			
If exempt from any of the above, explain here:			

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.

HOMEOWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT'S/CONTRACTORS AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____

COMPLETE INFORMATION ON SECOND PAGE

ACCESSORY BUILDING PERMIT SECOND PAGE
LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

PLEASE PROVIDE ALL OF THE FOLLOWING:

- (1) Draw lot lines in feet
- (2) Label street
- (3) Draw existing structures
- (4) Draw proposed construction
- (5) Show dimensions of all buildings
- (6) Show distance from all sides of building to sidelines
- (7) Draw lakes, streams, and wet lands within 500 feet
- (8) Contractor/owner will stake 2 adjacent lot lines

Signature of Applicant/Agent _____

Date _____