

BUILDING PERMIT

Date: ____/____/____
Jurisdiction of Bath Township

Permit # _____
New residential construction, addition, and alteration

Bath Township Building and Zoning
14480 Webster Rd. – P O Box 247
Bath, MI 48808
Phone: 517-641-4238 Fax: 517-641-4170

Job Address: _____ Property Tax ID: _____

Zoning District: (office use) _____ Permit Determinant: (office use) _____

Use Group: (office use) _____ Owner: _____ Phone () _____

Type Const: _____ Address: _____

Basic Dimensions: _____ ft. x _____ ft. Contractor: _____ Phone() _____

No. Floors: _____ Address: _____

- | | | |
|---|---------------------------------------|--------------------------------|
| _____ Sq Ft main floor | _____ No. rooms 2 nd floor | _____ No. wood burners |
| _____ Sq Ft second floor | _____ No. full baths | _____ Sq Ft porches/breezeways |
| _____ Sq Ft fin. basement | _____ No. half baths | _____ Sq Ft deck |
| _____ Sq Ft unfinished basement | _____ No. fireplaces | _____ (Ft.) ceiling height |
| _____ No. rooms 1 st floor | _____ No. chimneys | _____ (Ft.) building height |
| _____ Sq Ft garage (attached garage requires fire separation) | | |

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS (11)

- _____ ftgs _____ X _____
- _____ " below fin grade
- _____ No. post footings
- _____ "x_____ "x_____ "
- _____ poured walls
- _____ H.C. block _____
- _____ Wood foundation
- (provide diagram)
- _____ Ft foundation wall height
- _____ "Crawl space wall height
- _____ " Egress sill height
- _____ No. basement windows
- _____ Crawl space vent openings

ROUGH-IN FRAMING (10)

- _____ Sill plate (treated)
- _____ Wall plates
- _____ Headers
- _____ Wood girder
- _____ Steel girder
- _____ Post _____ Ft. O .C.
- _____ Stud wall
- _____ Masonary
- _____ Floor joists _____ " O.C.
- _____ Ceiling joists _____ " O.C.
- _____ Rafters _____ " O.C.
- _____ Truss (diagram required)
- _____ " Floor sheathing
- _____ " Wall sheathing
- _____ " Roof sheathing
- _____ " Corner brace sheath

EXTERIOR (3)

- _____ Wood
- _____ Aluminium/Vinyl
- _____ Brick
- _____ Block

ROOFS (4)

- _____ Hip
- _____ Gable
- _____ Front overhang
- _____ Other overhang
- _____ Eavestrough

CHIMNEY TYPE

- _____ Brick
- _____ Block
- _____ Stone
- _____ Metal
- _____ Asphalt shingles
- _____ Underlayment
- _____ Vents
- _____ Other coverings

WINDOWS (5)

- _____ No. of windows
- _____ Wood sash
- _____ Metal sash
- _____ Type
- _____ Egress/bedrooms
- _____ Attic access 22" x 30"

INSULATION (9)

- _____ " Fiberglass
- _____ " Cellulose
- _____ "Blown in fiberglass
- _____ " Foam
- _____ other
- _____ "rigid poly ure.
- _____ "rigid styro
- _____ "insul sheath
- _____ wind barrier
- _____ (mil) moisture barrier

Interior (13)

- _____ Foyer
- _____ Kitchen floor
- _____ Other floor
- _____ Drywall
- _____ Plaster
- _____ Covered ceiling
- _____ Panel wainscot
- _____ 5/8"garage fire code
- _____ Oven _____ Range
- _____ Disposal
- _____ Hoods/fan
- _____ Dishwasher
- _____ Refrigerator
- _____ Incinerator
- _____ Vanities
- _____ Ft. Cupboard length

Contractor will stake 2 adjacent lot lines for First Inspection. Sketch lot diagram on second page. Also sign permit.

COST OF PERMIT \$ _____

PERMITS EVENTUALLY NEEDED FOR THIS PROJECT (trade permits are separate from the building permit)

Electrical Permit

yes no

Mechanical Permit

yes no

Plumbing Permit

yes no

By: _____
Bath Township Building Department

Make checks payable to:
Bath Charter Township

BUILDING PERMIT SECOND PAGE

LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

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

Engineer/Architect: _____	Phone (_____) _____
Address: _____	

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

Name	Phone Number ()	
	Cell Phone Number ()	
Address:	City, State, Zip Code	
Federal ID/Social Security No.	MESC Employer No.	
License No.	Exp Date	Worker's Compensation Carrier
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 the 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, 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/Contractor's 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: _____