

ATLAS TOWNSHIP BUILDING DEPARTMENT

Items required for building permit

Solar array

1. Name, address and phone number of property owner
2. Completed contractor's information form
3. Building permit application
4. Job spec sheets
5. All structural reports
6. Cost Estimate

ALL ELECTRICAL PERMITS ARE THROUGH THE STATE

Contact Matt Hart (810) 636-6809 for Inspections or e-mail: mhart@atlastownship.org

SOLAR ARRAY

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

ATLAS TOWNSHIP

7386 S. Gale Rd., Grand Blanc, MI 48439
 P.O. Box 277, Goodrich, MI 48438
 (810) 636-6809 or FAX (810) 636-6244

Permit Number _____

Date Issued _____

Permit Fee _____

Date of Occupancy/Final _____

AUTHORITY: P.A. 230 of 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT WILL NOT BE ISSUED

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

LOCATION OF BUILDING

STREET LOCATION _____			Zoning District _____
CITY _____	STATE _____	ZIP _____	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public
between _____	and _____		
SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> AMUSEMENT
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> TWO OR MORE FAMILY _____ NO OF UNITS	<input type="checkbox"/> CHURCH, RELIGION
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HOTEL, MOTEL _____ NO OF UNITS	<input type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> PARKING GARAGE
<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> POOL	<input type="checkbox"/> SERVICE STATION
<input type="checkbox"/> PRE-MANUFACTURE	<input type="checkbox"/> ATTACHED/DETACHED GARAGE	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> DECK	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STORAGE SHED	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> POLE BUILDING	
<input type="checkbox"/> REPAIR	<input type="checkbox"/> 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, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAMING <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic)	DIMENSIONS No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	TYPE OF WATER SUPPLY <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site well)	NUMBER OF OFF-STREET PARKING SPACES Enclosed _____ Outdoors _____
	TYPE OF MECHANICAL Will there be central air? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENTIAL BUILDINGS ONLY Number of bedrooms _____ Number of full bathrooms _____ Number of partial bathrooms _____

VALUATION AND PERMIT FEE

Use Group _____	Fee Basis _____
Type of Construction _____	Construction Cost _____
Square Feet _____	Construction Value _____
	Permit Fee _____

IDENTIFICATION - APPLICANT

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

OWNER OR LESSEE

Name		Address	
City	State	Zip Code	Telephone Number

ARCHITECT OR ENGINEER

Name		Address	
City	State	Zip Code	Telephone Number
License Number			Expiration Date

CONTRACTOR

Name		Address	
City	State	Zip Code	Telephone Number
Builders License Number			Expiration Date
Federal Employer ID Number or Reason for Exemption			
Workers Comp Insurance Carrier or Reason		Policy No	Expiration
MESC Employer Number 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, GENESEE COUNTY AND MUNDY TOWNSHIP. 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. **Assessor to verify when complete.**

SIGNATURE OF APPLICANT

DATE

Email Address for Inspection Updates:**PERMITS NEEDED TO SUBMIT WITH BUILDING PERMIT:**

- Approval by Planning Commission
Date _____
- Approval by Zoning Board of Appeals
Date _____
- Plot Plan
- On Site Septic/Tap-in
- Driveway
- Soil Erosion
- Energy Calculations

OTHER PERMITS/APPROVALS REQUIRED:

- Electrical Permit
- Mechanical Permit
- Plumbing Permit
- DNR Permit
- Other _____

APPROVAL

DATE