

**CITY OF THREE RIVERS
APPLICATION FOR BUILDING PERMIT
333 W. MICHIGAN AVENUE
THREE RIVERS, MI 49093
269.273.1075, X112**

PERMIT NO.

I. PROJECT INFORMATION				
PROJECT NAME			ADDRESS	
BETWEEN	AND	TAX ID NUMBER		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME			ADDRESS	
CITY	ST	ZIP	TELEPHONE (INCLUDE AREA CODE)	
B. ARCHITECT OR ENGINEER				
NAME			ADDRESS	
CITY	ST	ZIP	TELEPHONE (INCLUDE AREA CODE)	
C. CONTRACTOR				
NAME			ADDRESS	
CITY	ST	ZIP	TELEPHONE (INCLUDE AREA CODE)	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	5. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> RELOCATION		
2. <input type="checkbox"/> ADDITION	6. <input type="checkbox"/> MOBILE HOME SETUP	10. <input type="checkbox"/> SPECIAL INSPECTION		
3. <input type="checkbox"/> ALTERATION	7. <input type="checkbox"/> FOUNDATION ONLY			
4. <input type="checkbox"/> REPAIR	8. <input type="checkbox"/> PREMANUFACTURED			

B. PLAN REVIEW REQUIRED

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 minor in nature. Plans and specifications are required for all other building types and shall be prepared by or under the supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission No. _____

IV. IDENTIFICATION		
A. RESIDENTIAL		
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	5. <input type="checkbox"/> DETACHED GARAGE
2. <input type="checkbox"/> TWO OR MORE FAMILY	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER _____

B. NONRESIDENTIAL		
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> OTHER _____

NONRESIDENTIAL – 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, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING			
A. PRINCIPLE TYPE OF FRAME			
1. <input type="checkbox"/> MASONRY, WALL BEARING	3. <input type="checkbox"/> STRUCTURAL STEEL	5. <input type="checkbox"/> OTHER _____	
2. <input type="checkbox"/> WOOD FRAME	4. <input type="checkbox"/> REINFORCED CONCRETE		
B. PRINCIPAL TYPE OF HEATING FUEL			
6. <input type="checkbox"/> GAS	8. <input type="checkbox"/> ELECTRICITY	10. <input type="checkbox"/> OTHER _____	
7. <input type="checkbox"/> OIL	9. <input type="checkbox"/> COAL		
C. TYPE OF SEWAGE DISPOSAL			
11. PUBLIC OR PRIVATE COMPANY		12. <input type="checkbox"/> SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY			
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		14. <input type="checkbox"/> PRIVATE WELL OR CISTERN	
E. TYPE OF MECHANICAL			
15. AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. DIMENSIONS / DATA			
17. NUMBER OF STORIES _____	21. FLOOR AREA EXISTING ALTERATIONS NEW		
18. USE GROUP _____	BASEMENT		
19. CONSTRUCTION TYPE _____	1 ST & 2 ND FLOOR		
20. NO. OF OCCUPANTS _____	3 RD – 10 TH FLOOR		
	11 TH – ABOVE		
	TOTAL AREA		
G. NUMBER OF OFF STREET PARKING SPACES			
22. ENCLOSED _____		23. 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	ST	ZIP	TELEPHONE (INCLUDE AREA CODE)
FEDERAL EMPLOYER ID 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 AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF THREE RIVERS. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF APPLICANT			

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A – ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B – FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C – POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D – NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E – SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F – FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G – WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H – SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I – VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J – OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII – VALIDATION – FOR DEPARTMENT USE ONLY	
USE GROUP _____	PERMIT FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	TOTAL PROJECT COST _____

APPROVAL SIGNATURE	
TITLE	DATE