

# ALPINE TOWNSHIP

## Construction/Alteration Permit

5255 Alpine Ave, Comstock Park, MI 49321

Phone (616) 784-9090 Fax (616) 784-1234 www.alpinetwp.org

Owner/Tenant \_\_\_\_\_ Phone/cell \_\_\_\_\_

Owner Address \_\_\_\_\_

Property Address \_\_\_\_\_

Permanent Parcel Number \_\_\_\_\_ Project Value \_\_\_\_\_

Contractor or Applicant \_\_\_\_\_ License Number \_\_\_\_\_

Address \_\_\_\_\_

Cell/Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

FEDERAL I.D. NUMBER OR REASON FOR EXEMPTION \_\_\_\_\_

WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION \_\_\_\_\_

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION \_\_\_\_\_

Section 23a of the State Construction Code Act of 1972, Act No. 230 or public Acts of 1982, being section 125, 1523a or the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Type of Project \_\_\_\_\_ Site Plan Included: Yes  NO

Use Group \_\_\_\_\_ Construction Type \_\_\_\_\_

Square Footage \_\_\_\_\_ Floor plans (check)  Elevations  Foundation plan  Structural Details

Is the parcel within 500 feet of a lake, stream, or designated wetland? YES  NO

### SUB-CONTRACTORS

ELECTRICAL CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MECHANICAL CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PLUMBING CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SUPPRESSION CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

All required inspections must be requested by the applicant and must be approved prior to any construction be covered or construction progressing to a state where a visual inspection cannot be performed.

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 application as the authorized agent and I agree to conform to all applicable laws of the State of Michigan.

I agree and understand that a Certificate of Occupancy must be obtained from the Department of Building safety prior to use, personal storage, or operation of the structure.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

### BELOW FOR OFFICE USE ONLY

Building Department Value _____ Building Official Approval _____ Date Approved _____ Comments _____ _____ _____ Permit fees are based upon declared construction value or calculated construction value based on Bureau of Construction Codes State Fee Schedule, whichever is a higher value amount. NOTE: Water Connections fees are split between Plainfield Township and Alpine Township. Contact Plainfield Township for the remaining Water Connection Fees	<b>FEES REQUIRED</b>  Permit Fee: _____ Other Fee: _____ Plan Review: _____ NKSA Inspection Fee: _____ Sewer Fees Alpine: _____ Sewer Fees NKSA: _____ Alpine Water Fees: _____ Plainfield Water fees: _____ Contractor Registration: _____  Total: _____
<b>BUILDING PERMIT NUMBER</b>	