

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CHECK FOR ANY DEED RESTRICTIONS  
APPLICABLE TO THIS PROPERTY  
AND/OR THIS CONSTRUCTION

DATE: \_\_\_\_\_  
ZONING: \_\_\_\_\_  
PERMIT#: \_\_\_\_\_

## TOWNSHIP OF RIVES

348 E. Main Street  
Rives Junction, MI 49277  
PH: (517) 569-3100 FAX: (517) 569-3110

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V, AND VI

**NOTE: Separate applications must be made to the appropriate division for Plumbing, Mechanical and Electrical work permits**

PARCEL ID# \_\_\_\_\_

Indicate who the applicant is and who to email permit to:

- Homeowner Email: \_\_\_\_\_  
 Contractor/Architect/Engineer\* Email: \_\_\_\_\_

*\*(Contractors must complete an annual Contractor Registration with Rives Township before Permits can be issued)*

<b>I. PROJECT INFORMATION - JOB LOCATION</b>	
Project Name	Phone _____ EMAIL _____
Address	City and Zip Code _____
<b>II. IDENTIFICATION - OWNER OR LESSEE</b>	
Name	Address _____
City	State _____ Zip _____
Email address	Phone: _____ FAX: _____
<b>III. CONTRACTOR</b>	
Name	Address _____
City	State _____ Zip _____
Email address	Phone: _____ FAX: _____
Builder License Number	Expiration Date _____
<b>IV. ARCHITECT OR ENGINEER</b>	
Name	Address _____
City	State _____ Zip _____
Email address	Phone: _____ FAX: _____
Builder License Number	Expiration Date _____
<b>Description of Project:</b> _____ _____ _____	
<b>Cost of construction when complete: \$</b> _____	

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### V. TYPE OF IMPROVEMENT AND PLAN REVIEW

RESIDENTIAL       NON-RESIDENTIAL

- |                                  |   |                                       |   |
|----------------------------------|---|---------------------------------------|---|
| <input type="radio"/> New Build  | <input type="radio"/> Addition          | <input type="radio"/> Change in use   | <input type="radio"/> Premanufactured     |
| <input type="radio"/> Relocate   | <input type="radio"/> Repair            | <input type="radio"/> Foundation Only | <input type="radio"/> Special Inspections |
| <input type="radio"/> Alteration | <input type="radio"/> Mobile Home Setup | <input type="radio"/> Demolition      | <input type="radio"/> Roof                |

### VI. PROPOSED USE OF BUILDING

RESIDENTIAL - For demolition, show most recent use

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="radio"/> One Family | <input type="radio"/> Two or more family<br>_____ No. of units | <input type="radio"/> Attached Garage _____ ft x _____ ft |
|                                  | <input type="radio"/> Hotel/Motel<br>_____ No. of units        | <input type="radio"/> Detached Garage _____ ft x _____ ft |
| <input type="radio"/> Pool       | <input type="radio"/> Deck                                     | <input type="radio"/> Finish Basement                     |
|                                  |  | <input type="radio"/> Other                               |

#### Submission Items

- Well and Septic permits from Jackson County Health Department (517) 788-4433
- Jackson County Road Commission or MDOT Driveway permit (517) 788-4230
- Two sets of Plans (one plan to be kept on file with the township)

Plans must comply with the Michigan Uniform Energy Code (Not required w/Manufactured)  
Contractor, License #, Workers Comp #, Federal I.D. #, MESC Employer #

- Passive Radon Control System
- Soil Erosion Permit or copy of exemption

- Y    N    Is there an existing dwelling on the site?  
 Y    N    Are there existing buildings on site?  
 Y    N    Is this a private road?

Zoning Compliance Approved/Disapproved on \_\_\_\_\_  
Date

By Zoning Inspector \_\_\_\_\_

Zoning Inspector Comments \_\_\_\_\_

Building Plan Application Approved/Disapproved on \_\_\_\_\_  
Date

By Building Inspector \_\_\_\_\_

Building Inspector Comments \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## **Homeowner Affidavit**

I hereby certify the building work described on this permit application shall be installed **by myself in my own home in** which I am living or about to occupy. All work shall be installed in accordance with the Michigan Building Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Rives Township Building Inspector. I will cooperate with the Rives Township Building Inspector and assume the responsibility to arrange for necessary inspections.

## **Instructions for Completing Application**

**General:** Construction work shall not be started until the application for permit has been filed with Rives Township. All installations shall be in conformance with the Michigan Building Code. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within twelve (12) months after issuance of the permit or if the authorized work is suspended or abandoned for a period of twelve (12) months after the time of commencing the work.

**A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

**Where to Submit Application:** Rives Township is responsible for code enforcement in the township. Permit applications should be sent to the address on the front of this application. Questions regarding permits may be directed to the Rives Township Treasurer at: 517-569-3100, ext 2#.

**NO OCCUPANCY PERMITS WILL BE ISSUED OR PERSONS ALLOWED TO MOVE ON THE PREMISES UNTIL FINAL APPROVAL HAS BEEN RECEIVED FOR ALL BUILDING, ELECTRICAL, MECHANICAL, AND PLUMBING WORK PERFORMED ON THE PREMISES, IN ADDITION TO ZONING, APPROVAL FOR WELL AND SEPTIC SYSTEM MUST BE APPROVED BY THE JACKSON COUNTY HEALTH DEPARTMENT.**

*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 authorized agent, and we agree to conform to all applicable laws of the state of Michigan. All information submitted on this application is accurate to the best of my knowledge.*

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.

## **VII. VALIDATION**

The signature of the applicant on this application constitutes a certification by the applicant that the site plan, as submitted, is complete and accurate in all aspects. The township, further, shall have the right to rely on the accuracy of the same in connection with the issuance of permits and the conducting of required inspections.

SIGNATURE OF OWNER (required)

TYPE OR PRINT:

DATE:

SIGNATURE OF APPLICANT

TYPE OR PRINT:

DATE:

*Make checks payable to Rives Township*