

Building Permit Application

Marathon Township Building Department \cdot 4575 Pine St. PO Box 457 Columbiaville, MI 48421 Ph: 810.793.2002 \cdot Fax: 810.793.8844 \cdot www.marathontwp.com

Job Site					N S E W Side of Road	
Cross Roads			and			
Permit To:	☐ New ☐ Alter/Remodel ☐			Demo/Raze ☐ Code Compliance		
	☐ Other (describe):					
Permit To:	☐ Single-Fam	nily Dwelling	☐ Single- Family w	v/Attached G	Garage	
	☐ Addition	, 0	☐ Attached Garag		☐ Detached Garage	
	☐ Multi-Fam	_			☐ Pre-Manufactured	
	☐ Garage w/	Breezeway	☐ Sign		□ Pool	
	☐ Commerci	al/Industrial	Other			
Permit To:						
Foundation Type		Construction	Information	F	Required Permits	
☐ Basement Block/F	oam	Deck Square	Footage	[☐ Septic	
☐ Basement Poured		Accessory Bu	iilding Sq. Ft	[☐ Sewer	
☐ Basement Wood/	Steel	Building Heig	ght	[Driveway	
☐ Reinforced Mat		Living Area S	q. Ft	[☐ Soil Erosion	
☐ 42" Pole Footing		Garage Sq. Ft	t	[☐ Flood Plain	
☐ Crawl Space Block	, 1	Number of St	tories	[☐ Well	
☐ Crawl Space Wood	d	Number of B	edrooms		☐ Wetlands	
☐ Piers		Number of B	athrooms			
☐ Other		Masonry Fire	eplace	Estimate	ed Value of Construction:	
		•	erior Finishes	\$		
Commercial Square Footage Occupancy Load						
		CONTINUE API	PLICATION ON NEXT	PAGE -	-	
BOX BELOW FOR OFFICE USE ONLY						
Plan Review		Date		No. of Ins	spections	
Use Group		Construc	tion Type	Occupancy	Load	
PERMIT APPROVED E	BY:		DATE:			
Remarks						

NOTICE

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN THIS PERMIT WITHIN SIX (6) MONTHS OF THE APPLICATION DATE OR THE PRINT(S) AND APPLICATION WILL BE DISCARDED.

ARRANGEMENTS MAY BE MADE FOR SPECIAL CIRCUMSTANCES.

PLEASE INITIAL	

1.	Will footings be trenched near poles, guy wires, anchors?	☐ YES	\square NO
2.	Will any structure be built under or near overhead lines?	\square YES	\square NO
3.	Are there any overhead or underground wires on site?	☐ YES	\square NO
4.	Will any wells be drilled under or near overhead wires?	\square YES	\square NO
5.	Will any antenna be erected on the property which would		
	be in conflict with power lines in a standing or free-falling situation?	$\square \ YES$	\square NO
6.	Will any trees be but which are in proximity of overhead wires?	☐ YES	\square NO

If you answered Yes to any of the above questions, you must contact your local utility company.

- THE PROPERTY OWNER OR CONTRACTOR COULD HAVE PERSONAL LIABILITY IN THE EVENT OF INJURY
 OR FATALITY INVOLVING CONSTRUCTION CLOSE TO EDISON LINES.
- THE PROPERTY OWNER OR CONTRACTOR MUST CONTACT MISS DIGG 1-800-482-7171 BEFORE EXCAVATING.
- NORMAL LEAD TIME REQUIRED TO RELOCATE EDISON FACILITIES, OR PROVIDE A LINE EXTENSION IS SIX
 (6) WEEKS AFTER ALL RIGHT-OF-WAY OR OTHER AGREEMENT AND ANY PAYMENTS HAVE BEEN
 FINALIZED WITH THE PROPERTY OWNER.

The Detroit Edison Company maintains electric distribution facilities in this area. They will provide electric service subject to the rules of the Michigan Public Service Commission in effect at that time.

PROPERTY OWNER INFORMAT	TION (please prin	t)		
Property Owner Name		Phone ()		
Current Address				
Owner Driver's License #				
PROPERTY OWNER AFFADAVIT	「: I hereby certify th	at the work describ	ed on this pe	ermit application shall
be installed in accordance with the	State Code and shall	not be enclosed, co	overed up, o	r put into operation
until it has been inspected and appr	oved by the inspect	or. I will cooperate v	with the insp	ector and assume the
responsibility to arrange for the nec	essary inspections.	•		
Section 23a of the state construction code act of requirements of this state relating to persons whare subjected to civil fines.	1972, 1972 PA 230, MCL 125 to are to perform work on a	5.1523a, prohibits a person residential building or a re	from conspiring esidential structu	to circumvent the licensing re. Violators of section 23a
I(name), with this application are true and complete ar I further attest that this application complies 125.1510(2) to make the statements and atte	with the requirements of	MCL 125.1510 and that	I am a person	itions, and plans submitted r parcel, or proposed work. authorized under MCL
SIGNATURE			DATE	
Contractor/Agent Information	(please print)			
Contractor Name on License		Phone (()	
Contractor License Number				
Current Address				
Federal I.D Number (or reason for ex				
Workman's Comp, Carrier (or reason				
MESC Number (or reason for exemp	otion)			
CONTRACTOR AFFIDAVIT: I here		•	•	
application as his authorized agent,	_	• •		_
and the local jurisdiction. All inform				<u> </u>
Section 23a of the state construction code act of requirements of this state relating to persons wh are subjected to civil fines.	1972, 1972 PA 230, MCL 129 to are to perform work on a	5.1523a, prohibits a persor residential building or a re	n from conspiring esidential structu	to circumvent the licensing ire. Violators of section 23a
I(name), with this application are true and complete a I further attest that this application complies 125.1510(2) to make the statements and att	nd contain a correct desc with the requirements of	cription of the building o MCL 125.1510 and tha	r structure, lot o t I am a person	authorized under MCL
SIGNATURE			DATE	
ARCHITECT OR ENGINEER INFORMA	ATION (please print)			
Name			()	
Current Address				
Signature				
O		5a		

Plan Review

Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, or the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

Two (2) sets of construction documents are required with each application for plan examination.

Affidavit		
description of the complies with the	I plans submitted with this application a building or structure, lot, or parcel, and	re true and complete and contain a correct I proposed work. I further attest that this application at I am a person authorized under MCL 125.1510(2) to
Signature		Date