

Supervisor: 989-684-8931
 Clerk: 989-684-8041
 Treasurer: 989-684-8531
 Fire Dept: 989-684-8504



Assessor: 989-684-7100
 Inspection: 989-684-5427
 Enforcement: 989-684-9700
 Fax: 989-684-5644

BUILDING PERMIT

ADDRESS OF BUILDING			
OWNER		PHONE	
ADDRESS	CITY	ST	ZIP
OWNER EMAIL			
CONTRACTOR/BUILDER		PHONE	
ADDRESS	CITY	ST	ZIP
CONTRACTOR EMAIL			

IMPROVEMENT INFORMATION

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Barndominium	<input type="checkbox"/> Demolition
<input type="checkbox"/> Manu. Park	<input type="checkbox"/> Modular/Manu	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Moving	<input type="checkbox"/> Other _____

USE OF BUILDING

RESIDENTIAL	NON-RESIDENTIAL	
<input type="checkbox"/> One Family	<input type="checkbox"/> Motel	<input type="checkbox"/> Assembly
<input type="checkbox"/> Two Family	<input type="checkbox"/> Storage, Warehouse	<input type="checkbox"/> Church
<input type="checkbox"/> Multi Family # _____	<input type="checkbox"/> Mercantile, Store	<input type="checkbox"/> Factory
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Institutional	<input type="checkbox"/> Office, Business
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Educational	<input type="checkbox"/> Other

FOR NEW RESIDENTIAL

<input type="checkbox"/> Single Story	<input type="checkbox"/> Two Story or more	
Total Square Footage _____	# of Car Garage _____	Garage Square Footage _____
Number of Bedrooms _____	Number of Full Baths _____	Number of 1/2 Baths _____
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Basement	<input type="checkbox"/> Finished	<input type="checkbox"/> Unfinished

Value of Construction or Manufactured Home: \$ _____

Describe in detail the work you are doing. (For example: Building a bedroom addition or taking out bearing walls to make the living room larger.) Describe any new use of your building.

<input type="checkbox"/> Prints	<input type="checkbox"/> Soil Erosion Permit	<input type="checkbox"/> Variances	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Flood Plain Elevation Cert #
<input type="checkbox"/> Driveway Permit	<input type="checkbox"/> Setbacks	<input type="checkbox"/> Sewer Permit	<input type="checkbox"/> Septic Permit	

<input type="checkbox"/> Detached Res. Garage	<input type="checkbox"/> Attached Res. Garage	<input type="checkbox"/> Shed/Barn (up to 200SF)	<input type="checkbox"/> Pole Building
<input type="checkbox"/> Swimming pool/Hot Tub	<input type="checkbox"/> Lean-To	<input type="checkbox"/> Porches	<input type="checkbox"/> Decks

Setbacks	Front	Back	Side	Side
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I certify that I am the owner, or authorized by the owner to make this application for the proposed work. All information submitted on this application is accurate to the best of my knowledge. I agree to follow the requirements of the laws, codes and ordinances of the Charter Township of Bangor. I understand an inspector is authorized to inspect the construction until work is completed and a final inspection sticker or certificate of occupancy is issued. I understand it is my responsibility to notify the inspector when the construction is ready for all inspections. **THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZATION IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.**

“Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 12A, 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.”

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

Signature of Owner	Date
Signature of Contractor	Date