

# BUILDING PERMIT APPLICATION No. \_\_\_\_\_

## BUENA VISTA CHARTER TOWNSHIP

PARCEL No. \_\_\_\_\_

*Applicant to complete numbered spaces only.*

### I. JOB LOCATION

Name of Owner		Agent		
Street Address & Job Location (Street No. and Name)		Phone Number	City/Village	County
			Township	

### II. CONTRACTOR/HOMEOWNER INFORMATION *(permit application MUST be signed on back of form)*

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner Name (Check Appropriate Box)		State License Number	Expiration Date
Address (Street No. and Name)		State Registration Number	Local Licensing Jurisdiction
City	State	Zip Code	Local License Number
			Expiration Date
Telephone Number	Social Security Number	Federal Employer ID Number (or reason for exemption)	
Workers Compensation Insurance Carrier (or reason for exemption)		MESC Employer Number (or reason for exemption)	

III. Class of work:     NEW     ADDITION     ALTERATION     REPAIR     MOVE     REMOVE

IV. Describe work:

V. change of use from

change of use to

VI. Valuation of work: \$

### SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR ISSUANCE BY _____  NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OF NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.  SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE) _____  SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE) _____	PLAN CHECK FEE		PERMIT FEE	
	Type of Const.	Occupancy Group	Division	
	Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
	Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
	No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered _____    Uncovered _____		
Special Approvals	Required	Received	Not Required	
ZONING				
HEALTH DEPT.				
FIRE DEPT.				
SOIL REPORT				
OTHER (Specify)				

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION    CK.    M.O.    CASH    PERMIT VALIDATION    CK.    M.O.    CASH

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

White - Inspector

Canary - file

Pink - Customer

Gold - Assessor