

Rollin Township

730 Manitou Rd, P.O. Box 296, Manitou Bch, MI 49253
 Phone: (517) 547-7786 Fax: (517) 547-4788
 www.rollintownship.org

Building Permit Application

Building & Zoning Office Hours:

Mon.: 8 am - 10 am
 Wed.: 8 am - 10 am
 Sat.: 8 am - 11 am
 By Appt.



Permit Fee: _____

Make Checks Payable to: *Rollin Township*

Contact Inspector: Bruce Nickel (517) 467-7874

Property ID Number: RL__ - ____ - ____ - ____

Was Property Variance Issued: _____

Describe Proposed Construction & Use:			
Location of Construction:			
Address:		Subdivision:	Lot #:
City / Village:	Township:	County:	Zip:
	Rollin	Lenawee	
If no address yet describe location: (i.e. between what nearest streets)			
Owner Identification:			
Name:	Last	First	M.I. Phone:
Spouse:	Last	First	M.I. Cell:
Address:			Fax:
City:	State:	Zip:	Email:

Building & Lot area Information: The information in this area must be filled out accurately and in its entirety for your construction.			
Overall Building Width:	Overall Building length:	Finished Floor Area (Not including Bsmnt):	
		Sq. Ft.	
Number of stories & feet in height from avg. grade:	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl <input type="checkbox"/> Slab	Finished Basement Area:	
# of Stories _____ Hght. _____ Ft.		Sq. Ft.	
Garage:	Garage dimensions:	Garage Area:	
<input type="checkbox"/> Attached <input type="checkbox"/> Un-attached <input type="checkbox"/> None		Sq. Ft.	
Total Land Area:	Total Land Area Covered:	Total Finished Floor Area:	
Sq.Ft./Acres	Sq.Ft./Acres	%	
		Sq. Ft.	

Type of Improvement:		Select the permit type and the code being used.	
Permit Type:	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Other: _____
Code:	<input type="checkbox"/> Michigan Residential Code 2015 (Site)	<input type="checkbox"/> Michigan Residential Code 2015 (Modular)	
	<input type="checkbox"/> Michigan Building Code 2012	<input type="checkbox"/> Manufactured Home (HUD) (MH Park)	
	<input type="checkbox"/> Manufactured Home (HUD-Non-MH Park)	<input type="checkbox"/> Other: _____	

Proposed Use:	For "Demolition" show the most recent use – For non-residential describe in detail the proposed use of the building – If use of building is being changed show the proposed new use.
Check all items that apply to your construction:	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Modular Dwelling
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Multiple Family
<input type="checkbox"/> Pole Building	<input type="checkbox"/> Open Deck/Porch
<input type="checkbox"/> Accessory Bldg. Portable	<input type="checkbox"/> Dwelling Addition
<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Re-Side
<input type="checkbox"/> Manufactured Dwelling	<input type="checkbox"/> Attached Garage
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Pool in-ground	<input type="checkbox"/> Pool above-ground
<input type="checkbox"/> Enclosed Porch/Sunroom	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> Replacement Windows	
Describe Residential Remodel Work:	
Describe Non-Residential Use and Work:	

Building Characteristics:	
Principle Frame Type:	<input type="checkbox"/> Masonry, Wall Bearing <input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel
	<input type="checkbox"/> Other (describe): _____
Principle Heating Fuel:	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
Sewage Disposal Type:	<input type="checkbox"/> Public or Private Sewers <input type="checkbox"/> Septic system (private) on same property
Water Supply Type:	<input type="checkbox"/> Public Water System <input type="checkbox"/> Well (private) on same property
Mechanical:	Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Reporting Information:		
Ownership:	<input type="checkbox"/> Private Ownership <input type="checkbox"/> Corporate Ownership <input type="checkbox"/> Public Ownership	
Number of Buildings:	Number of Rooms or Units:	
Construction Value:	Construction Type:	Use Group:

Applicant Information:		The applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.			
Applicant:		<input type="checkbox"/> Property Owner		<input type="checkbox"/> Licensed Contractor	
		<input type="checkbox"/> Other: _____			
Name: Last		First		MI	
		Telephone Number			
Address:		City		State	
				Zip	
		Email:			
<p>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 the state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to fines.</p> <p>Once Approved, the Certificate of Occupancy or Completion will be issued to the property owner.</p>					
<p>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.</p>					
Applicant Signature:				Date:	

Contractor Information:		All information must be completed and accurate.			
Registered Company Name:			Email Address:		
Company Owner's Name:			Name on License:		
Address:			Phone #:		
			Cell #:		
City:		State	Zip	Fax #:	
Contractor License Type:			License Number:	License Exp. Date:	
<input type="checkbox"/> Residential Builder <input type="checkbox"/> Maintenance & Alteration					
Federal Employer ID Number or Reason for Exemption:					
Workers Comp. Insurance Carrier or Reason for Exemption:					
MESC Employer Number or Reason for Exemption:					
Liability Insurance Carrier:				Expiration Date:	
Current copy of Active License to be submitted: <input type="checkbox"/> Enclosed <input type="checkbox"/> Active copy previously submitted					

Site or Plot Plan: You may use this sheet, another, or a copy of a recent survey. You are responsible for the accuracy of your site/plot plan. Information must include property boundaries and dimensions and use of land adjacent to property boundaries. Show and label all streets, driveways, and easements. Include all proposed and existing buildings with their dimensions and closest distance to each other and property lines. Indicate location of septic field, well, power lines and poles, easements, flood plains, and wetlands.



Indicate Direction of North within the Circle:

