



Building Permit Application

8555 Kalamazoo Avenue SE
Caledonia MI 49316

Phone: 616 698-6640 Fax: 616 698-2490

Application Date:

Authority:	1972 PA 230
Completion:	Mandatory to obtain permit
Penalty:	Permit cannot be issued

Identification

Name of Owner/Agent:		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	E-Mail:

Location of Project

Address:	
City:	Zip:
Permanent Parcel Number (PPN): 41-22-	

Applicant

Is the Applicant the <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Contractor Name:	License Number:	Expiration Date:
Business Name:			
Address:			
City:	State:	Zip:	
Phone:	Cell:	E-Mail:	

Architect

Architect or Engineer:	Phone No.:
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Type of Job (Description of proposed use)

Residential. This section <u>must</u> be included and contain a general description of the project.			Project value excluding land: <i>Market value information is requested for marketing purposes only.</i>
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Post Frame Building	<input type="checkbox"/> Mfg'd Home Setup
<input type="checkbox"/> Two Family	<input type="checkbox"/> Attached Accessory Bldg	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
Commercial. Plan review is required. A general description of the project <u>must</u> be included. The review will take between four and six weeks from the date of submission and there will be an additional fee billed by the reviewer.			Project value excluding land: <i>Market value information is requested for marketing purposes only.</i>
Use Group:	Construction Type:	Square Feet:	
Type of Improvement:			
<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign
<input type="checkbox"/> Addition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation	

Application Signature

Section 23A of the Sate 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 a residential structure.

The applicant named on this application is responsible for the payment of all fees and charges applicable to this application.

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/her authorized agent, and we agree to conform to the proposals submitted and approved herein, and all applicable laws of the Charter Township of Gaines and the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signature of Licensee or Homeowner

Name (Signature)	Date:
Name (Printed)	

Required Approvals (For completion by the Township):

Description:	Required	Approved	Approved By:	Notes:
Zoning Site Plan Approval				
Footing Drain / Storm Water Certification				
Set Back and Minimum Building Opening Requirements				
Driveway Permit				Kent County Permits Department 1500 Scribner Ave NW Grand Rapids MI 49504 616 242-6900
On-Site Septic or Public Sewer Permit				
Well / Public Water Permit				
Soil Erosion and Sedimentation Permit				www.kentcountyroads.net Residential Soil Application (Submit with \$100 and a Site Plan)
Energy Forms				
Plan Review				

Building Permit Number:	Approval Signature:
Issue Date:	
Permit Fee:	

Any completed application shall be granted, in whole or in part, or denied within ten (10) business days, except in case of an unusually complicated building or structure, action shall be taken within fifteen (15) days. The term completed application shall mean an application which has had all required reviews and approvals, including Building Plan Review, prior to submission to the Building Department.