



CITY of COLDWATER

Neighborhood Services Department

Henry L. Brown Municipal Building
 One Grand Street, Coldwater, Michigan 49036
 PH (517) 279-9501 FX (517) 278-9194
 www.coldwater.org

NOTE: Obtain Plumbing, Mechanical and Electrical Permits from Branch County Building Department 517-279-4303

I. JOB LOCATION		
SITE ADDRESS		TYPE OF PROJECT
CITY OF: Coldwater	COUNTY Branch	ZIP CODE 49036

II. IDENTIFICATION				
A. Owner or Lessee (proof of ownership required)			Property Owner <input type="checkbox"/> Land Contract <input type="checkbox"/>	
NAME			ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER	FAX NUMBER

B. Architect or Engineer				
NAME			ADDRESS	
CITY	STATE	ZIP	PHONE	CELL
LICENSE NUMBER	EMAIL	EXPIRATION DATE	FAX NUMBER (Include Area Code)	

C. Contractor				
NAME			ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
BUILDERS LICENSE NUMBER	EXPIRATION DATE	EMAIL		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	MESC EMPLOYER NUMBER	WORKERS COMP INSURANCE		

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 all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

<u>CONTRACTOR SIGNATURE</u>	DATE
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III. HOMEOWNER AFFIDAVIT	
I hereby certify that the work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. Section 23A of the State Construction Code Act of 1972, being Section 125.1523A of the Michigan Compiled Laws, 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 subject to civil fines.	
<u>HOMEOWNER SIGNATURE</u>	DATE

COMPLETE INSIDE & BACK OF APPLICATION

The Department of Neighborhood Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

IV. Type of Improvement

New Building
 Alteration/Repair
 Demolition
 Roofing
 Fence
 Foundation Only
 Addition
 Change of Use
 Mobile Home Setup
 Siding
 Garage

V. Local Governmental Agency to Complete this Section

The departments identified below as being applicable to this construction project must provide written approval PRIOR to the issuance of the building permit by the Construction Code Department.

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - Fire District	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - Drive/Curb Cut	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - Addressing	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - Soil Erosion	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - Flood Zone	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - Water Supply	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - Septic System	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - Variance	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - Other	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VI. PROPOSED USE OF BUILDING

<p>RESIDENTIAL</p> <input type="checkbox"/> One Family, No. Bedrooms: _____ <input type="checkbox"/> Multi-Family, No. Units: _____ <input type="checkbox"/> Hotel/Motel, No Units: _____ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Garage _____ Attached _____ Detached <input type="checkbox"/> Pole Building / Storage Building <input type="checkbox"/> Other: _____	<p>NON-RESIDENTIAL</p> <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Institutional/Hospital <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Utility/Miscellaneous	<input type="checkbox"/> Industrial <input type="checkbox"/> Church/Religion <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station <input type="checkbox"/> Tanks Towers <input type="checkbox"/> Amusement <input type="checkbox"/> Other _____
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VII. DESCRIPTION OF WORK - Please provide a detailed description of your permit request in the space provided below

Estimated Cost of Project

\$ _____

VIII. BUILDING INFORMATION DATA/DIMENSIONS

<p>DIMENSIONS</p> Foundation _____ Other _____ 1 st Floor _____ No. of Stories _____ 2 nd Floor _____ TOTAL AREA _____	<p>FOUNDATION AREA</p> <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Piers <input type="checkbox"/> Basement _____ Full _____ Partial _____ Walkout
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IX. VALIDATION - DEPARTMENT USE ONLY

CONSTRUCTION TYPE _____	BUILDING PERMIT # _____
USE GROUP _____	PLAN REVIEW # _____

A. Approval

Approved by: _____	Date: _____
Conditions/Stipulations:	
	BUILDING PERMIT FEE \$ _____ PLAN REVIEW FEE \$ _____ TOTAL AMOUNT DUE \$ _____

X. ZONING

A. Setbacks

Front Setback	Rear Setback	Side Setback	Side Setback
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Is the parcel within 500' of a lake, stream, river or any body of water? YES NO
If yes, State Law, (PA 451, Part 91) requires a Soil and Sedimentation Permit Application be completed.

B. Existing use of property - Please check all uses that apply

<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial - Retail
<input type="checkbox"/> Residential – Single Family Dwelling	<input type="checkbox"/> Commercial - Storage
<input type="checkbox"/> Residential – Storage _____	<input type="checkbox"/> Commercial _____
<input type="checkbox"/> Residential – Home Occupation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Agricultural	

C. Proposed Building Info

Overall Width _____	Porch/Deck/Misc _____
Overall Length _____	Porch/Deck/Misc _____
Overall Height _____	Porch/Deck/Misc _____
	Garage _____
	Pole Bldg _____

D. Number of off-street parking spaces

Enclosed _____ Outdoors _____

E. Plot Plan

Please include each item listed below on the plot plan on page 4 of this application. Check the "drawn" box after the item is included in the plot plan. Check the N/A box if the item required is not applicable to your parcel.

Drawn	N/A	<u>Required Information to be Included on Plot Plan</u>
<input type="checkbox"/>	<input type="checkbox"/>	Property line dimensions and property shape
<input type="checkbox"/>	<input type="checkbox"/>	Location of street
<input type="checkbox"/>	<input type="checkbox"/>	Location of sidewalk (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Location, shape & size of all existing & proposed buildings on property
<input type="checkbox"/>	<input type="checkbox"/>	Location of all driveways and parking areas
<input type="checkbox"/>	<input type="checkbox"/>	Distances of structures to property lines and other structures
<input type="checkbox"/>	<input type="checkbox"/>	Place north arrow on plot plan
<input type="checkbox"/>	<input type="checkbox"/>	Rivers, lakes, wetlands, or streams within 500 ft
<input type="checkbox"/>	<input type="checkbox"/>	Other essential zoning information

XI. VALIDATION - DEPARTMENT USE ONLY

Zoning District:	Approval based on Zoning Ordinance:
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A. Approval

Signature of Zoning Administrator:	Date:
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Conditions/Stipulations:

XII. SITE OR PLOT PLAN - FOR APPLICANT USE

Plans must be submitted with the appropriate fee before a permit can be issued, except as listed below.

***Plans are not required** for alterations and repair work determined by the building official to be of a minor nature.

***Plans and specifications are required** for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

XIII. AFFIDAVIT

I agree the statements made above are true, and if found not to be true or incomplete, any zoning permit that may be issued may be void. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the City of Coldwater Ordinances will be complied with.

Signature of Applicant

Date