



CHELSEA AREA CONSTRUCTION AGENCY
CODE ENFORCEMENT
 12172 Jackson Road
 Dexter, Michigan 48130
 (734)475-4420 FAX (734) 475-4409

MEMBERS
 City of Chelsea
TOWNSHIPS OF:
 Dexter
 Lima
 Lyndon
 Sylvan
 Sharon

AUTHORITY: P.A. 230 of 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED, AND SIGNED OR PERMIT WILL NOT BE ISSUED.	PERMIT NUMBER PLAN REVIEW FEE VALIDATION HERE
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI, AND VII

**NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR:
 PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

I. LOCATION OF BUILDING			
ADDRESS		PROPERTY ID NUMBER	
CITY / VILLAGE	TOWNSHIP	ZIP CODE	
DIRECTIONS TO SITE			

II. IDENTIFICATION			
A. OWNER OR LESSEE		FAX NUMBER	
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER	FAX #	EXPIRATION DATE	
C. CONTRACTOR			
NAME		DAYTIME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
BUILDERS LICENSE NUMBER	FAX #	EXPIRATION DATE	

III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> REPAIR / REPLACE	7. <input type="checkbox"/> POLE BARN with	8. <input type="checkbox"/> RELOCATION	11. <input type="checkbox"/> OTHER
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> DEMOLITION	7A. <input type="checkbox"/> GRAVEL FLOOR	9. <input type="checkbox"/> SWIMMING POOL	
3. <input type="checkbox"/> ALTERATION	6. <input type="checkbox"/> FOUNDATION ONLY	7B. <input type="checkbox"/> CONCRETE FLOOR	10. <input type="checkbox"/> DECK	
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> ENERGY

IV. PROPOSED USE OF BUILDING

PROPOSED USE — RESIDENTIAL	PROPOSED USE — NON-RESIDENTIAL
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family (Number of Units _____) <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> # of Bedrooms _____ <input type="checkbox"/> # of Bathrooms: Full _____ Partial _____ <input type="checkbox"/> _____	<input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Masonry Fireplace <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning <input type="checkbox"/> Pre-Fab Fireplace <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning <input type="checkbox"/> Deck <input type="checkbox"/> Modular Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Factory <input type="checkbox"/> Hazardous <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Food Service <input type="checkbox"/> DSS Facility <input type="checkbox"/> Hazardous material to be stored on site <input type="checkbox"/> Utility or Miscellaneous
	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">Use Group</div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">Construction Classification</div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">Occupancy Load</div>

Is there a fireplace in a bedroom: Yes No

DESCRIBE PROJECT IN DETAIL: _____

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME	
1. <input type="checkbox"/> MASONRY, WALL BEARING 2. <input type="checkbox"/> WOOD FRAME 3. <input type="checkbox"/> STRUCTURAL STEEL 4. <input type="checkbox"/> REINFORCED CONCRETE 5. <input type="checkbox"/> OTHER	
B. PRINCIPAL TYPE OF HEATING	
6. <input type="checkbox"/> GAS <input type="checkbox"/> L.P. <input type="checkbox"/> NATURAL 7. <input type="checkbox"/> OIL 8. <input type="checkbox"/> ELECTRICITY 9. <input type="checkbox"/> GEO THERMAL 10. <input type="checkbox"/> OTHER	
C. TYPE OF SEWAGE DISPOSAL	
11. <input type="checkbox"/> PUBLIC 12. <input type="checkbox"/> SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY	
13. <input type="checkbox"/> PUBLIC 14. <input type="checkbox"/> PRIVATE WELL OR CISTERN	
E. TYPE OF MECHANICAL	
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. WILL THERE BE AN ELEVATOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
F. DIMENSIONS	
17. NUMBER OF STORIES _____	18. FLOOR AREA: BASEMENT _____
	1ST FLOOR _____
COST OF CONSTRUCTION _____	2ND FLOOR _____
	OTHER FLOOR _____
	TOTAL AREA _____
OVERALL DIMENSIONS _____	
G. NUMBER OF OFF STREET PARKING SPACES (COMMERCIAL CONSTRUCTION)	
19. ENCLOSED _____	20. OUTDOORS _____

VIII. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

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.

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 THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATIONS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

SIGNATURE OF APPLICANT	DATE
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