

RESIDENTIAL BUILDING PERMIT APPLICATION

HANOVER TOWNSHIP

311 Farview St, PO Box 40, Horton, MI 49246

Office (517) 563-2791 Fax (517) 563-8430

Building Inspector: (517)-937-8308

AUTHORITY: P.A. 230 OF 1972, AS AMENDED

COMPLETION: MANDATORY TO OBTAIN PERMIT

PENALTY: Application must be completed, signed, and proper fee enclosed or Permit will not be issued.

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS

OWNER OR LESSEE OF PROPERTY

Name		Phone NO.	
Address	City	State	Zip Code

JOB LOCATION: SAME AS OWNER ADDRESS

Address	City	State	Zip Code
Between Streets	And		

CONTRACTOR: WORK BEING DONE BY PROPERTY OWNER

BUSINESS NAME		PHONE NO.	
CONTACT NAME		PHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL	FAX NO.		
DRIVER'S LICENSE NO.	TYPE	EXPIRATION DATE	
BUILDER LICENSE #.	TYPE	EXPIRATION DATE	
INSURANCE CARRIER	POLICY #		
FED ID#	MESC #		

PROJECT DESCRIPTION

A. TYPE OF PROJECT:

Refer to Hanover Township Zoning Ordinance Section 4.1 Open Districts for Permitted Uses in the project location's District. **Only one single-family dwelling per lot is allowed in Agricultural and Suburban Residential Districts.***

<input type="checkbox"/> Addition, specify _____	<input type="checkbox"/> Shed
<input type="checkbox"/> Garage, Attached	<input type="checkbox"/> Pole Barn
<input type="checkbox"/> Garage, Detached	<input type="checkbox"/> Alteration, specify room _____
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> Inground	<input type="checkbox"/> Demolition, specify _____
<input type="checkbox"/> Windows / Siding (circle one(s) that apply)	<input type="checkbox"/> Other, specify _____

B. DESCRIPTION OF PROJECT & INTENDED USE:

C. SIZE OF PROJECT:

WIDTH _____ LENGTH _____ HEIGHT _____ Estimated Square Footage: _____

D. ESTIMATED CONSTRUCTION VALUE: \$ _____

C. CHECK IF THE CURRENT/INTENDED USE OF THE PROJECT IS RESIDENTIAL/LIVING AREA

F. IS EXCAVATION SITE LARGER THAN ONE ACRE, WITHIN 500 FT OF A LAKE, STREAM, OR COUNTY DRAIN?

YES NO

G. OTHER PERMITS NEEDED: ELECTRICAL MECHANICAL PLUMBING**

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. Violators of Section 23a are subject to civil fines.

SIGNATURE OF APPLICANT

DATE

HOMEOWNER'S AFFIDAVIT:

I hereby certify the construction on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by the Township, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNATURE

DATE

*Refer to Hanover Township Zoning Ordinance Section 4.1 Open Districts for Conditional Use allowances in this district.

**Contact the County Health Department for septic and well regulations and Village of Brooklyn for sewer regulations before beginning the project.