

ALMONT TOWNSHIP BUILDING DEPARTMENT
 BUILDING APPLICATION
 ALMONT, MICHIGAN 48003
 PHONE 810-798-8521/Fax 810-798-7097
www.almonttownship.org

Page 1 of 7

1. LOCATION OF BUILDING			
ADDRESS			
BETWEEN:		AND	
PROPERTY TAX IDENTIFICATION NUMBER:			
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME:		TELEPHONE NO.	
EMAIL:			
ADDRESS	CITY:	STATE:	ZIP:
B. ARCHITECT OR ENGINEER			
NAME:		TELEPHONE NO.	
ADDRESS:	CITY:	STATE:	ZIP:
LICENSE NO.	EXPIRATION DATE		
C. CONTRACTOR			
NAME			
TELEPHONE:	CELL:	FAX :	
EMAIL:			
ADDRESS :	CITY:	STATE:	ZIP:
BUILDERS LICENSE NO. :	EXPIRATION DATE:		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING		2. <input type="checkbox"/> ADDITION	
3. <input type="checkbox"/> ALTERATION		4. <input type="checkbox"/> REPAIR	
5. <input type="checkbox"/> WRECKING		6. <input type="checkbox"/> PRE-MANUFACTURED HOME	
7. <input type="checkbox"/> FOUNDATION ONLY		8. <input type="checkbox"/> RELOCATION	
B. ESTIMATED COST OF CONSTRUCTION: \$			
C. REVIEW(S) TO BE PREFORMED			
<input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> ENERGY			
Amended 05/02/2024		Effective 05/02/2024	
Filed under building permit submission requirements.doc			

V. 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 NUMBER

ADDRESS CITY STATE ZIP

Section 23a of the State Construction Code Act of 1972, PA230, 125.1523a, 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 residential structure. Violators of section 23a are subject to civil fines.

I, _____ (name) _____ (title) attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 12.1510(2)

Signature of Applicant

Application Date

VI. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

	Environmental Control Approvals			
	Required	Approved	Date	Permit No.
A. Zoning Permit	Yes No			
B. Plot Plan Approval	Yes No			
C. Soil Erosion (County)	Yes No			
D. Soil Erosion (State)	Yes No			
E. Flood Zone (State)	Yes No			
F. Water Supply (County)	Yes No			
G. Sewer System (County)	Yes No			
H. Driveway Permit (County/State)	Yes No			
I. Variance Granted	Yes No			

VII. VALIDATION

Building Permit No.:	Building Type:
Issued Date:	Building Use:
Zoning Permit Fee: \$	Application Reviewed by:
Building Permit Fee: \$	
Address Fee: \$	Building Application Approved by:
Plan Review Fee: \$	
Plot Plan Review Fee: \$	Building Administrator/Inspector/Plan Review
Administration Fee: \$ 70.00	
License Registration: \$	Paid On:
Total Fee Amount: \$	Cash/Check No.:
Almont Twp. Bldg. Dept.	Amended 5/02/2024 Effective 5/02/2024

FACTORS TO CONSIDER WHEN SUBMITTING A PLOT PLAN. ALL UTILITIES MUST BE SHOWN ON THE PLOT PLAN.

1. Are there any overhead or underground wires on site? Yes No
2. Will any footings be trenched near poles, guy wires, or anchors? Yes No
3. Will any wells be drilled under or near overhead wires? Yes No
4. Will any structures be built under or near overhead wires? Yes No
5. Will any antenna, communication satellite dish, or tower be erected on the property which would be in conflict with power lines in a standing or free fall situation? Yes No
6. Will any trees be cut which are in proximity of overhead wires? Yes No
- 7. Owner or contractor could have personal liability in the event of injury or fatality on construction close to DTE Energy (Edison) lines.**
- 8. Owner or contractor should contact MISS DIG (1-800-482-7171) before excavating.**
9. Normal lead time required to relocate DTE Energy (Edison) facilities, or provide a line extension is six (6) weeks after all right-of-way or other agreements and any payments have been finalized with the property owner.

Name: _____

Job Site: _____

IT IS THE APPLICANTS' RESPONSIBILITY TO VERIFY AND SHOW ANY AND ALL PRIVATE OR PUBLIC EASEMENTS FOR UTILITIES. BUILDING OFFICIAL AND/OR ZONING OFFICIAL UPON REQUEST MAY PERFORM A PRELIMINARY INSPECTION OF THE SITE TO VERIFY EXISTING CONDITIONS PURSUANT TO CODE SECTION 105.9 OF THE MICHIGAN RESIDENTIAL CODE.

The plan must be legible and to scale whenever possible. It is the responsibility of the applicant to ensure that the information presented on the plot plan is clear, correct, complete and in accordance with all ordinances within the jurisdiction the structure is proposed. If the plot plan is not complete the Zoning Administrator and/or Building Official may request additional information in order to ensure compliance with all pertinent and current ordinances, laws, building codes, etc.

IF THE APPLICANT HAS ANY QUESTIONS, PLEASE CONTACT THE TOWNSHIP ZONING ADMINISTRATOR OR BUILDING OFFICIAL AT 810-798-8521, EXT 206 MONDAY THRU FRIDAY FROM 8AM TO 1PM.

Applicant's Signature: _____

Date Signed: _____

Date Received by Building Department: _____

Energy Code Compliance Form
Prescriptive Method – Page 2 of 2

Exposed basement walls (more than 7% of gross wall)		R-10
A. Total non-heated exposed wall	= _____	sq. ft.
B. Total exposed wall area of house	= _____	sq. ft.
Total (A) _____ divided by Total (B) _____ x 100 = _____ % of non-insulated wall (to be less than 7%)		

_____ Print (Applicant's Name)	_____ Applicant's Signature
_____ Date Submitted	_____ Project Street Address
	_____ City State Zip

Office Use Only	
_____ Plan Review No.	_____ Building Permit No.
_____ Building Officials Signature	_____ Date Approved

Attention Building Permit Holders

Pursuant to the Michigan Uniform energy Code, adopted December 8, 2008, your project will require the following:

N1101.3.1 The thermal resistance (**R-value**) shall be indicated on an all insulation and the insulation installed such that the R-value can be verified during inspection, or a certification of the installed R-value shall be provided at the job site by the insulation installer. Where blown-in or sprayed insulation is applied in walls, the installer shall provide a certification of the installed density and R-value.

Where blown-in or sprayed insulation is applied in the roof-ceiling assembly, the installer shall provide a certification of the initial installed thickness, settled thickness, coverage area and number of bags of insulating material installed. Marker shall be provided for every 300 square feet (28m²) of attic area, attached to the trusses, rafters, or joist and indicate in 1-inch-high (25.4mm) numbers the installed thickness of the insulation.

This information shall be submitted to the Almont Township Building Department prior to the scheduling of a final inspection and issuance of a Certificate of Occupancy.