

**APPLICATION FOR BUILDING PERMIT AND PLANS EXAMINATION  
ST. CLAIR TOWNSHIP, BUILDING DEPARTMENT**

1539 S. Bartlett Rd., St Clair, MI 48079  
810-329-9042, fax 810-329-1198  
buildingofficial@stclairtp.org

Date: \_\_\_\_\_

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,  
MECHANICAL, ELECTRICAL PERMITS**

<b>I. PROJECT INFORMATION</b>				
<b>Parcel Identification No:</b>		<b>Lot No:</b>		
Project Name: (i.e., 2 story home, deck, etc.)		Address:		
City	Township	County	Zip Code	
Between		and		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
Name		Phone	Email	
Address		City	State	Zip Code
<b>B. ARCHITECT OR ENGINEER</b>				
Name		Address	City	State Zip Code
Phone Number	Email	License #	Expiration Date	
<b>C. CONTRACTOR</b>				
Name		Phone	Email	
Address		City	State	Zip code
Name of License Holder		Builder's License Number	Expiration	
Driver's License Number	Date of Birth	Worker's Comp Insurance Carrier		
Federal Employer ID Number		MESC Employer Number		

**III. TYPE OF IMPROVEENT AND PLAN REVIEW**

**A. TYPE OF IMPROVEMENT**

New Building   
  Alteration   
  Demolition   
  Foundation Only   
  Relocation   
  Repair  
 Premanufacture   
  Mobile Home Setup   
  Special Inspection

**B. REVIEWS TO BE PERFORMED**

Building   
  Electrical   
  Mechanical   
  Plumbing   
  Foundation

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**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

\_\_\_ One-Family \_\_\_ Two or More Family (Number of Units \_\_\_) \_\_\_ Hotel, Motel (Number of Units \_\_\_)  
\_\_\_ Attached Garage \_\_\_ Detached Garage \_\_\_ Other (Description) \_\_\_\_\_

**B. NON-RESIDENTIAL**

\_\_\_ Amusement \_\_\_ Church. Religion \_\_\_ Industrial \_\_\_ Parking Garage \_\_\_ Attached Garage  
\_\_\_ Hotel, Motel (Number of Units \_\_\_) \_\_\_ Office/Bank/Professional \_\_\_ Public Utility \_\_\_  
\_\_\_ School/Library/Educational \_\_\_ Store/Mercantile \_\_\_ Tanks/Towers \_\_\_ Other

**NON-RESIDENTIAL:** DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G: FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING, ELEMENTARY SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RETAIL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

\_\_\_ Masonry Wall Bearing \_\_\_ Wood Frame \_\_\_ Structural Steel \_\_\_ Reinforced Concrete \_\_\_ Other

**B. PRINCIPAL TYPE OF HEATING FUEL**

\_\_\_ Gas \_\_\_ Oil \_\_\_ Electricity \_\_\_ Coal \_\_\_ Other

**C. TYPE OF SEWAGE DISPOSAL**

\_\_\_ Public or Private Company \_\_\_ Septic System

**D. TYPE OF WATER SUPPLY**

\_\_\_ Public or Private Company \_\_\_ Private Well or Cistern

**E. TYPE OF MECHANICAL**

Will There be Air-Conditioning \_\_\_yes \_\_\_no Will There be Fire Suppression \_\_\_yes \_\_\_no

**F. DIMENSIONS DATA**

Number of Stories \_\_\_\_\_ Use Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Number of Occupants \_\_\_\_\_

	EXISTING	ALTERATIONS	NEW
Floor Area Basement	_____	_____	_____
1 <sup>st</sup> Floor	_____	_____	_____
2 <sup>nd</sup> Floor	_____	_____	_____
<b>TOTAL AREA</b>	_____	_____	_____

**G. NUMBER OF OFF-STREET PARKING SPACES**

Enclosed \_\_\_\_\_ Outdoor \_\_\_\_\_

<p><b>***ESTIMATED COST OF PROJECT \$ _____ *****</b></p>
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**VI. 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 CODE
EMAIL	FEDERAL ID/SOCIAL SECURITY NUMBER		

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

**Section 23a of the State Construction Code Act of 1972, 1972 PA 230 MCL, 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 a residential structure. Violators of section 23a are subjected to civil fines.**

***SIGNATURE OF APPLICANT***

**X** \_\_\_\_\_  
\_\_\_\_\_

**VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION**

***ENVIRONMENTAL CONTROL APPROVALS***

	REQUIRED	APPROVED	DATE	NUMBER	BY
A. ZONING	YES NO				
B. FIRE	YES NO				
C. POLLUTION CONTROL	YES NO				
D. NOISE CONTROL	YES NO				
E. SOIL EROSION	YES NO				
F. FLOOD ZONE	YES NO				
G. WATER SUPPLY	YES NO				
H. SEPTIC SYSTEM	YES NO				
I. VARIANCE GRANTED	YES NO				
J. CULVERT PERMIT	YES NO				

**VIII. VALIDATION – FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_

SQUARE FEET \_\_\_\_\_ APPROVAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION FOR NEW  
CONSTRUCTION**

**Address must be assigned** application available at Township.

**Proof of Ownership** with legal description and Tax Identification Number

**Two (2) Sets of Plans.** All Plans for Residential Structures over 3500 square feet require the Signature and Seal of a Licensed Architect or Engineer

**Two (2) sets of Plot Plan, Layout of Property or Survey** for new construction, additions and accessory structures.

**Energy Certificate** method of energy compliance per MRC 2015, Chapter 11 Energy Compliance (REZ Check, REM Rate, or Prescriptive – Prescriptive form available at Township)

**Well Permit** *If Applicable.* Contact St. Clair County Health Department @ 810-987-5306 or other approved system - All Township water department fees must be paid

**Septic Permit** *If Applicable.* Contact St. Clair County Health Department @ 810-987-5306 or other approved system – All Township sewer fees must be paid

**Culvert/Driveway Permit** *If Applicable.* Contact St. Clair County Road Commission @ 810-364-5720

**Soil Erosion Permit** *If applicable.* Contact St. Clair Health Department @ 810-987-9396  
Required for land use activities which disturb 1 or more acres of land, or if the earth change is within 500 feet of a lake, stream, or County Drain.

**Sealed Roof and/or Floor Truss Drawings** must be submitted prior to rough inspection

**Certified Grade Survey,** for all New Residential Home Construction or Changes in Grade above Existing Grades. The Survey must include Proposed Finish Floor and Adjacent Grade Elevations and bear the seal of a licensed Architect, Engineer, or Licensed Surveyor

**Copies of Builder's License, Driver's License, and Contractor's Insurance** Submitted if General Contractor

**Homeowner Permit Polity Affidavit** – Submitted only if homeowner is acting as General Contractor. Application available at Township

\*List of required inspections available at the Township