

FOREST TOWNSHIP
BUILDING PERMIT APPLICATION

130 E MAIN ST
OTISVILLE, MI 48463

Phone (810) 631-6040 Email Mprice@foresttwp.com
Keith Pyles, Building Inspector 810-223-3683

Date: _____

Permit #: _____

Cost of Project : _____

Permit Fee: _____

LOCATION

Address _____ City _____ Zip Code _____

Between _____

IDENTIFICATION

Parcel No.: 16-_____-_____-_____

Is this a split parcel? ___ Yes ___ No

Zoning: _____

If yes, township approved? ___ Yes ___ No

Owner or Lessee _____ Phone Number _____

Address (if different than building location) _____ City _____ Zip Code _____

APPLICANT INFORMATION

Applicant is responsible for the payment of fees and charges applicable to this application and must provide the following information:

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

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.

Applicant Signature: _____

Date: _____

Approval Signature: _____

Date: _____

BUILDING/PROPERTY USE

Residential Commercial Industrial Other _____

CONTRACTOR

Name Phone Number

Address City Zip Code

Builders License # Expiration Date

Federal Employer # Workers Comp Carrier
(or reason for exemption) (or reason for exemption)

TYPE OF CONSTRUCTION

House Garage Deck/Porch
 Condo Pole Barn Swimming Pool (above or in-ground)
 Addition Shed Other _____

Size of structure(s):

Use of building/structure:

Foundation: basement crawl space slab other

Soil Erosion Permit/Waiver:

Additional information:

-----Below for Township Use-----

	Required?	Approved	Date	Number	By
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Health Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____