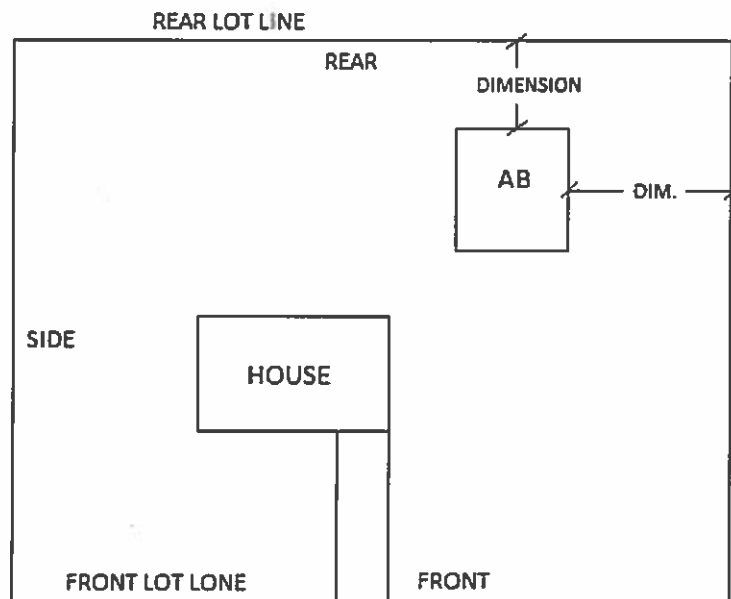


TALLMADGE CHARTER TOWNSHIP  
OTTAWA COUNTY  
O-1451 LEONARD RD. NW  
GRAND RAPIDS, MI 49534  
PHONE (616) 677-1248  
FAX (616) 677-6133

Tallmadge Charter Township requires the following information to be submitted by mail or in person before issuing a building permit:

1. \_\_\_ Completed building application
2. \_\_\_ (3) Sets of plans/blueprints for all building projects – Sealed when
3. \_\_\_ Truss drawings for all building projects
4. \_\_\_ Site diagram (example below) \*Accessory Buildings must be located in the side or rear yard
5. \_\_\_ Legal description of property – recorded deed, survey or land contract. Indicate recent property splits if any.
6. \_\_\_ Well and septic permit (Ottawa County 616-393-5645) or paid utility fees
7. \_\_\_ Driveway permit if required – Contact Ottawa County Road Commission
8. \_\_\_ Soil Erosion if required
9. \_\_\_ Manual J and S Forms if required
10. \_\_\_ Energy Code Compliance Form if required – Comcheck



O-1451 Leonard St. NW Grand Rapids, MI 49544	Tallmadge Charter Township	616-677-1248 Phone 616-677-6133 Fax
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**•• APPLICATION FOR BUILDING PERMIT ••**

<b>1.) LOCATION OF BUILDING</b>			
ADDRESS _____			
CITY/VILLAGE _____	TOWNSHIP _____	COUNTY _____	ZIP CODE _____
BETWEEN (cross street) _____	AND (cross street) _____		
<b>a. IDENTIFICATION: OWNER OR LESSEE</b>			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

<b>2.) CONTRACTOR</b>		NOT APPLICABLE COMMERCIAL <input type="checkbox"/>	
NAME _____		TELEPHONE NO. _____	FAX NO. _____
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
BUILDERS LICENSE NO. _____		EXPIRATION DATE _____	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	

<b>3.) SUB-CONTRACTORS:</b>	
(a) ELECTRIC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(b) HEATING/AC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(c) PLUMBING: _____	TELEPHONE NO. _____
ADDRESS: _____	

<b>4.) PROJECT DESCRIPTION: COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/></b>	
(a) <input type="checkbox"/> NEW BUILDING            (b) <input type="checkbox"/> ADDITION            (c) <input type="checkbox"/> ALTERATION            (d) <input type="checkbox"/> DEMOLITION            (e) <input type="checkbox"/> RELOCATION of BUILDING <input type="checkbox"/> SIGN	
<input type="checkbox"/> DET. GAR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> POLE BARN <input type="checkbox"/> MODULAR <input type="checkbox"/> MOBILE HOME (include year) _____	
(a) <input type="checkbox"/> SINGLE FAMILY            (b) <input type="checkbox"/> TWO FAMILY            (c) <input type="checkbox"/> MULTI-FAMILY            (d) <input type="checkbox"/> ATTACHED GARAGE/CARPORT            (e) <input type="checkbox"/> ACCESSORY STRUCTURE	
BRIEF DESCRIPTION OF PROJECT: _____	
_____	
_____	

<b>5.) BUILDING DIMENSIONS</b>	
WIDTH _____ Ft. x LENGTH _____ Ft. x HEIGHT _____ Ft.	TOTAL SQ. Ft. _____ NUMBER OF STORIES _____
Square Footage by Floor: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____ Porch/Deck _____	

6.) IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100 YEAR FLOOD PLAIN? YES:  NO:   
 IS ANY PART OF THE PROPOSED PROJECT LOCATED IN A REGULATED WETLAND? YES:  NO:

7.) IS THE EXCAVATED AREA LARGER THAN ONE ACRE, WITHIN 500 FT. OF A LAKE, RIVER, STREAM OR COUNTY DRAIN? YES:  NO:

8.) PROJECT VALUATION \$ \_\_\_\_\_ (Include labor, exclude lot value.)

9.) 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

FEDERAL I.D. NO./SOCIAL SECURITY NO. \_\_\_\_\_

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, 1972 PA 230, MCL 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 a residential structure. Violators of sections 23a are subjected to civil fines.

SIGNATURE OF APPLICANT \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

10.) HOMEOWNER'S AFFIDAVIT:

I hereby certify the construction work described 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 Municipality, 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.

SIGNED: \_\_\_\_\_

DATE \_\_\_\_\_

11.) LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SEWER OR SEPTIC	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Notes and Date - For Department Use: \_\_\_\_\_

VALIDATION

BUILDING PERMIT NUMBER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

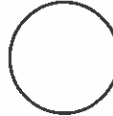
**ZONING: Site Plan: (Please read carefully and complete)**

Using the space provided, or on a separate sheet of paper, draw a diagram showing all of the following items:

1. The dimensions of the lot or acreage (all sides).
2. The location, with distances to lot lines, of all existing and proposed structures.
3. The dimensions of all existing and proposed structures.
4. The distances between all existing structures.
5. The location of all roads bordering or on the property.
6. The location of any power and gas lines on the property.
7. The location of any lakes, rivers, streams, flood plain areas, or wetlands on or near the property.
8. The location of any easements on the property.

**12.) SITE OR PLOT PLAN – FOR APPLICANT USE**

Indicate direction of North within the circle



(Attach Additional Sheet If Necessary.)

13.) PERMANENT PARCEL #: \_\_\_\_\_

14.) BUILDING SETBACKS (Front setback, as measured in feet, from the road right of way.)

FRONT: \_\_\_\_\_ SIDE: \_\_\_\_\_ SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_

15.) Are there any houses or mobile homes, occupied or not, on this property at this time?  yes  no  
If yes, what are your immediate and future plans for the existing dwelling? \_\_\_\_\_

I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF LOCAL ORDINANCES REGARDING SIDE YARDS AND BUILDING SETBACKS. IT IS ALSO UNDERSTOOD THAT ALL STRUCTURAL, ELECTRICAL, PLUMBING, HEATING, DRIVE APPROACHES, AND SIDEWALKS SHALL BE INSTALLED TO BOTH STATE AND LOCAL REQUIREMENTS, AND THAT A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED PRIOR TO OPERATION OR USE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPLICATION REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED

DENIED

Minimum Setbacks Required: Front: \_\_\_\_\_ 1 Side: \_\_\_\_\_ 2 Sides: \_\_\_\_\_ Rear: \_\_\_\_\_