SALEM TOWNSHIP
APPLICATION FOR BUILDING AND ZONING PERMIT

Mail to: P.O. Box 75002
Salem MI 48175

Permit Number

Telephone: (248)-349-1690 x 22

Authority: P.A. 230 OF 1972, As Amended
Completion: Mandatory To Obtain Permit
Penalty: Permit Will Not Be Issued

APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

Date: Parcel ID # _____-_____-_____-_____

Project _____

II. IDENTIFICATION

A. OWNER OR LESSEE

Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

B. ARCHITECT OR ENGINEER

Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

License Number _____ Expiration Number _____

B. CONTRACTOR

Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Builder License Number _____ 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. ☐ New Building
2. ☐ Addition
3. ☐ Alteration
4. ☐ Repair
5. ☐ Demolition
6. ☐ Mobile Home Setup
7. ☐ Foundation Only
8. ☐ Pre-manufacture
9. ☐ Relocation
10. ☐ Special Inspection

B. REVIEW(S) TO BE PERFORMED

☐ ZONING ☐ BUILDING ☐ ELECTRICAL ☐ MECHANICAL ☐ PLUMBING ☐ FOUNDATION

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1. One Family 2. Two or more family, Number of Units_____ 3. Attached Garage 4. Detached Garage 5. Accessory Building 6. Other _____

Cost of construction not less than $_____ nor more than $_____

B. NON-RESIDENTIAL

AMUSEMENT SERVICE STATION SCHOOL, LIBRARY, EDUCATIONAL CHURCH/RELIGIOUS
HOSPITAL/INSTITUTIONAL STORE/MERCANTILE INDUSTRIAL OFFICE/BANK/PROFESSIONAL TANKS/TOWERS
PUBLIC UTILITY OTHER_____

Cost of construction not less than $_____ nor more than $_____

Describe in detail the proposed use of building. If use of existing building is being changed, enter the proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. Masonry, Wall Bearing 2. Wood Frame 3. Structural Steel 4. Reinforced Concrete 5. Other (describe)

B. DIMENSION DATA

Number of Stories_____	Floor Area	Existing	Alteration	New
Use Group _____	Basement	_____	_____	_____
Const. Group _____	1st & 2nd Floor	_____	_____	_____
No. of Occupants _____	3rd Floor	_____	_____	_____
	Total Area	_____	_____	_____

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 _____

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 ORDINANCES OF SALEM TOWNSHIP, AND WASHTENAW COUNTY. ALL INFORMATION SUBMITTED ON THIS APPICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the State Construction Code Act of 1972, 1972 P.A. 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 section 23a are subject to civil fines.

Signature of Licensee or Homeowner
(Homeowners signature indicates compliance with homeowner affidavit.) x.

Homeowner affidavit: I hereby certify the work described on this permit application shall be performed by myself in my own home in which I am living or about to Occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed or covered up or occupied until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

Approvals:

Zoning Administrator _____ Date _____

Building Inspector _____ Date _____

Zoned:
Set backs:
Front line:
Rear line:
Side line:
Side line: