

# Rollin Township

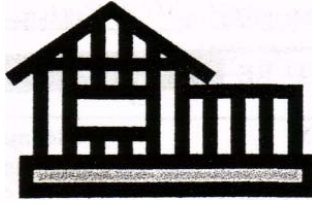
## Building Permit Application

Phone: (517)547-4787 Fax: (517)547-4788

P.O. Box 296, Manitou Beach, MI 49253

Building Dept. Hours:  
Monday & Wednesday  
8:00 a.m. to 10:00 a.m.  
Saturday – 8:00 a.m. to 11:00 a.m.

**Make Checks Payable to:  
Rollin Township**



Building Permit # \_\_\_\_\_

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

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

Construction value: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

### PROJECT INFORMATION

Type of Project: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location (if no address yet): \_\_\_\_\_

### IDENTIFICATION

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_

### ARCHITECT OR ENGINEER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Building License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Employer ID # or reason for exemption: \_\_\_\_\_

Workers Comp. Insurance Carrier or reason for exemption: \_\_\_\_\_

MESC Employer # or reason for exemption: \_\_\_\_\_



**DIMENSIONAL DATA**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Basement [ ] or Crawl Space [ ]

Use group: \_\_\_\_\_ Const. Type: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_ No. of off street parking spaces: \_\_\_\_\_

<b>Floor area:</b>	<b>Existing</b>	<b>Alterations</b>	<b>New</b>
<b>Basement</b>	_____	_____	_____
<b>Crawlspace</b>	_____	_____	_____
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> Floor</b>	_____	_____	_____
<b>3<sup>rd</sup> – 10<sup>th</sup> Floor</b>	_____	_____	_____
<b>11<sup>th</sup> – above</b>	_____	_____	_____
<b>Total area</b>	_____	_____	_____

**APPLICANT INFORMATION**

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

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**SIGNATURE OF APPLICANT :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Federal ID# \_\_\_\_\_

**Zoning Approval:** [ ] Yes [ ] No

**Signature of Zoning Official:**  
\_\_\_\_\_

**SITE OR PLOT PLAN FOR APPLICANT**

You may use this sheet or a recent survey. You are responsible for the accuracy of your site/plot plan. Information must include property boundaries and dimensions. Show and label all streets, driveways and easements. Include all existing and proposed structures with their dimensions and distances between each other and to all property lines. Indicate septic field, well, power lines and poles, easements, flood plains and wetlands. Failure to provide the above information will result in delays and/or denials of your application.

Indicate direction of North within circle:

