

CITY OF FLUSHING

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Complete Both Sides of Application — Make checks payable to CITY OF FLUSHING

AUTHORITY: P.A. 230 of 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS. SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS. Call the City of Flushing's Building Department, Regional Inspection, for inspections at 989-725-5050 or toll free 866-724-5050.

LOCATION OF BUILDING

STREET LOCATION Zoning District
CITY STATE ZIP OWNERSHIP: Private Public
between and
SUBDIVISION LOT BLOCK LOT SIZE PARCEL NO

Table with 3 columns: TYPE OF IMPROVEMENT, RESIDENTIAL PROPOSED USE, NON-RESIDENTIAL PROPOSED USE. Includes checkboxes for various building types and uses.

NONRESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAMING, TYPE OF SEWAGE DISPOSAL, DIMENSIONS, PRINCIPAL TYPE OF HEATING FUEL, TYPE OF WATER SUPPLY, TYPE OF MECHANICAL, NUMBER OF OFF-STREET PARKING SPACES, RESIDENTIAL BUILDINGS ONLY

VALUATION AND PERMIT FEE

Type of Construction Fee Basis
Use Group Construction Cost
Square Feet Construction Value Permit Fee

Complete Both Sides of Application

Complete Both Sides of Application

IDENTIFICATION – CHECK ONE OF THE FOLLOWING

APPLICANT IS: **OWNER OR LESSEE** **ARCHITECT OR ENGINEER**
CONTRACTOR

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

OWNER OR LESSEE

Name		Address	
City	State	Zip Code	Telephone Number

ARCHITECT OR ENGINEER

Name		Address	
City	State	Zip Code	Telephone Number
License Number			Expiration Date

CONTRACTOR

Company		Company Owner's Name	
Complete Mailing Address		City	State
		Zip Code	Telephone Number
Licensee Name	Builder's License Number		Expiration Date

Federal Employer ID Number OR Reason for Exemption and Social Security Number

Workers Comp Insurance Carrier and Number or Reason for Exemption	Expiration
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MESC Employer Number or Reason for Exemption

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, GENESEE COUNTY AND CITY OF FLUSHING. 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 section 23a are subjected to civil fines.

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 CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

SIGNATURE OF APPLICANT

DATE

PERMITS NEEDED TO SUBMIT WITH BUILDING PERMIT

- Approval by Planning Commission Date _____
- Approval by Zoning Board of Appeals Date _____
- Plot Plan
- On-Site Septic/Tap-in Driveway
- Soil Erosion Energy Calculations

OTHER PERMITS/APPROVALS REQUIRED

- Electrical Permit
- Mechanical Permit
- Plumbing Permit
- DNR Permit
- Other _____

APPROVAL

DATE
