

Permit Number: _____

BUILDING PERMIT APPLICATION
St. Joseph Charter Township/Village of Shoreham
Troy Gano, Building Inspector (269) 930-2453
Email: tgano@sjct.org
 3000 Washington Avenue, St. Joseph, MI 49085
 P.O. Box 147
 Phone: (269) 429-7703
www.sjct.org

Department of Building Inspection and Zoning

Zoning of Property	Property ID: 11- _____ - _____ - _____	Authority: P.A. 230 of 1972, as amended Completion Mandatory to obtain permit Penalty: Permit cannot be issued	
Estimated Value of Construction: \$	Permit Fee: (obtained from office) \$	Plan Review Fee: \$	Total Fees: \$
Estimated Start Date:	Plan Review fee: required for construction valuing \$100,000 or more.	Use and Occupancy: (Ex. R-3 Single Family)	

I. Job Location: Building Department should attach county sheet to verify information.

Name of Owner/agent:		Is a drawing available for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Address (street number and name) of Project:	City:	State:	Zip Code:
Cell phone number:	Business phone number:	Fax Number:	Email Address:

II. Contractor/Applicant Information: Please provide copies of license and Insurance certificates at time of application.

Check one: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	Name of contractor/homeowner:	MI Residential Builders License #:	Expiration date:
Address (street number and name) of applicant:	City:	State:	Zip Code:
Cell phone number:	Home or business phone number	Fax number:	Email address:
Workman's Comp Insurance Carrier	Federal Employee ID #	MESC Employee number (or reason for exemption)	

III. Design Professional Information: Please provide copies of license and insurance certificates at time of application.

Check one: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	Name:	MI License #	Expiration Date:
Address (street # and name) of applicant:	City:	State:	Zip Code:
Cell phone number:	Business phone number:	Fax Number:	Email Address:

IV. Project Description: (PLEASE BE AS COMPLETE AS POSSIBLE; use separate piece of paper if necessary)

Please state what is being done: Site plan is required with a new structure, addition, or structure. Include drawings of structures or additions.

V. Applicant Signature

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 structure. Violators of section 23a are subject to civil fines.

Signature of Licensee or Homeowner (Homeowner signature indicates compliance with homeowner affidavit on back of application) X _____	Date: X _____
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PERMIT HOLDER RESPONSIBLE FOR ESTABLISHING ALL SETBACKS AND PROPERTY LINES FOR ZONING COMPLIANCE



Building Inspection Department

HOMEOWNER BUILDING PERMIT POLICY

The Michigan Licensing Law under ACT 229, Section 339.2402 Residential Builders, gives a homeowner an exemption to act as his or her own general contractor.

(Example): The homeowner may obtain a building permit for construction on his or her own property, even if a licensed or unlicensed contractor may be significantly involved.

If, you the homeowner choose to act as your own general contractor and obtain the required building permit (PLEASE READ THE FOLLOWING)

AS THE PERMIT HOLDER YOU, THE HOMEOWNER INCUR ALL OF THE LIABILITY AND ALL THE RESPONSIBILITIES THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

St. Joseph Charter Township cannot assist you in any case of action against an unlicensed contractor that (you) the Homeowner hires to perform work under the building permit you obtained.

You, the Homeowner, could be held liable for any damages that occur on the job, whether it is by the builder or subcontractor employees.

You, the Homeowner, could be held liable for any injury that occurs on the job whether it is to the builder or subcontractor employees.

In the event of an occurrence beyond the builders' control, which causes the builder to be unable to complete the work, the Homeowner will be legally responsible for the completion of the job, under the permit you obtained.

It is you the Homeowner that has the responsibility to have a complete understanding of the current Building Codes, and local zoning.

I, _____ have read and understand the above
(print name)
information and will adhere to all rules and regulations submitted in this policy.

(signature)

(date)

ST. JOSEPH CHARTER TOWNSHIP

CERTIFICATE OF UTILITY DISCONNECT

CONTRACTOR: _____

PROPERTY ADDRESS: _____

PROPERTY NUMBER: _____

The following signatures certify that those utilities, under their authority, were disconnected and the structure readied for demolition, the date specified.

MICHIGAN GAS UTILITIES:

By: _____

Date: _____

INDIANA MICHIGAN POWER (AEP):

By: _____

Date: _____

ST. JOSEPH CHARTER TOWNSHIP (SEWER DEPARTMENT):

By: _____

Date: _____

CITY OF ST. JOSEPH (WATER DEPARTMENT):

By: _____

Date: _____

BERRIEN COUNTY HEALTH DEPARTMENT (If applicable: Septic/Well):

By: _____

Date: _____

This form must be completed and presented to St. Joseph Charter Township prior to issuance of a Demolition Permit.

_____/_____
OWNER SIGNATURE **DATE**