

# BUILDING PERMIT APPLICATION - POKAGON TOWNSHIP



Date:  
Permit #:  
Parcel#:

PLEASE COMPLETE ALL APPLICABLE FIELDS BELOW

DESIGNATED CONTACT PERSON

NAME:  
PHONE:  
EMAIL:

Pokagon Township • 30683 Peavine St., Dowagiac, MI 49047 • (269) 782-8756

## GENERAL INFORMATION

JOB ADDRESS:	CITY:	STATE: MI	ZIP CODE:
OWNERS NAME:	OWNERS PHONE:	PARCEL#:	
OWNERS ADDRESS:	CITY:	STATE:	ZIP CODE:
APPLICANTS NAME	APPLICANTS PHONE:	EMAIL:	

## CONTRACTOR INFORMATION

SAME AS OWNER: YES NO	
NAME:	ADDRESS:
PHONE:	EMAIL:
LICENSE NUMBER:	EXP DATE:
FEDERAL I.D. #:	
WORKMAN'S COMP INSURANCE CARRIER:	

## TYPE OF IMPROVEMENT

### RESIDENTIAL

### COMMERCIAL

NEW HOME SF/MF	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>	MOBILE HOME SET UP	<input type="checkbox"/>	NEW BUILDING	<input type="checkbox"/>
DECK/PATIO	<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	MODULAR	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
FOUNDATION ONLY	<input type="checkbox"/>	SOLAR ARRAYS	<input type="checkbox"/>	POOL/HOT TUB	<input type="checkbox"/>	TENANT BUILD OUT	<input type="checkbox"/>
GARAGE	<input type="checkbox"/>	POLE BARN	<input type="checkbox"/>	FENCE	<input type="checkbox"/>	REPAIR	<input type="checkbox"/>
ROOFING	<input type="checkbox"/>	REMODEL	<input type="checkbox"/>	SIDING	<input type="checkbox"/>	REMODEL	<input type="checkbox"/>
ACCESSORY BUILDING	<input type="checkbox"/>	WINDOWS/DOORS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

# PROJECT DESCRIPTION -- DESCRIBE IN DETAIL THE SCOPE OF WORK

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## CONSTRUCTION DETAILS

<b>FOUNDATION:</b>			
FULL BASEMENT <input type="checkbox"/>	CRAWL SPACE <input type="checkbox"/>	SLAB <input type="checkbox"/>	POLE <input type="checkbox"/>
<b>FLOORS:</b>		<b>WALLS:</b>	
TRUSS <input type="checkbox"/>	JOIST 2X	INCHES ON CENTER	2X
			INCHES ON CENTER
<b>ROOF/CEILINGS:</b>		<b>ROOFING MATERIAL:</b>	
TRUSS <input type="checkbox"/>	JOIST 2X	INCHES ON CENTER	SHINGLE <input type="checkbox"/>
			METAL <input type="checkbox"/>
MEETS 50LB GROUND SNOW LOAD?    YES        NO			
NUMBER OF BEDROOMS:	NUMBER OF BATHROOMS:	NUMBER OF ½ BATH:	
TOTAL SQUARE FOOTAGE INCLUDING GARAGE:			
ESTIMATED BUILDING COST: \$			

## APPLICANT INFORMATION

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

Who will be doing the work?    Homeowner:        Contractor:

**Homeowner's Affidavit:**

*I hereby certify the work described on this application shall be installed by myself, in my single-family dwelling, in which I am now living or am about to occupy. All work shall be installed in accordance with all current codes and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the building inspector. I will cooperate with the inspector and I assume all responsibility to arrange for the necessary inspections.*

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor's Affidavit:**

*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. All information on this application is true, and accurate, to the best of my knowledge.*

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSPECTION REQUESTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE**  
**MINIMUM INSPECTIONS REQUIRED: Footing, Framing, Final Occupancy**

**• TO SCHEDULE INSPECTIONS CALL SCOTT SAUNDERS AT (269) 999-6475 •**