

**APPLICATION FOR BUILDING PERMIT AND PLAN REVIEW****Thetford Township**

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

**4014 E. Vienna Rd**  
**Phone:(810) 686-5200**

Clio, MI 48420  
Fax: (810) 686-9394

THE 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 SECTION 1, 11, 111, 1V, V AND VI**  
**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

**INCOMPLETE APPLICATION WILL NOT BE PROCESSED****I. PROJECT INFORMATION**

PROJECT NAME		ADDRESS	
CITY	TOWNSHIP	COUNTY <b>GENESEE</b>	ZIP

COST OF PROJECTED PROJECT: \$ \_\_\_\_\_

**II. IDENTIFICATION****A. OWNER OR LESSEE**

NAME		ADDRESS	
CITY	STATE <b>MICHIGAN</b>	ZIP	TELEPHONE NUMBER

**B. ARCHITECT OR ENGINEER**

NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER
LICENSE NUMBER			EXPIRATION DATE

**III. CONTRACTOR**

NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER
EMAIL ADDRESS		BUILDERS 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			

**IV. TYPE OF IMPROVEMENT AND PLAN REVIEW****A. TYPE OF IMPROVEMENT**

☐ NEW BUILDING    ☐ ALTERATION    ☐ DEMOLITION    ☐ FOUNDATION ONLY    ☐ RELOCATION  
☐ ADDITION    ☐ REPAIR    ☐ MOBILE HOME SET-UP    ☐ PREMANUFACTURE    ☐ SPECIAL INSPECTION

**B. REVIEWS TO BE PERFORMED**

☐ BUILDING    ☐ ELECTRICAL    ☐ MECHANICAL    ☐ PLUMBING    ☐ FOUNDATION

**V. PROPOSED USE OF BUILDING****A. RESIDENTIAL**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ONE FAMILY         | <input type="checkbox"/> HOTEL, MOTEL    | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> TWO OR MORE FAMILY | NO. OF UNITS: _____                      | <input type="checkbox"/> POLE BARN       |
| NO. OF UNITS: _____                         | <input type="checkbox"/> ATTACHED GARAGE | SIZE: _____                              |
|   |  | <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AMUSEMENT        | <input type="checkbox"/> SERVICE STATION            | <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATION |
| <input type="checkbox"/> CHURCH, RELIGION | <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | <input type="checkbox"/> STORE, MERCANTILE          |
| <input type="checkbox"/> INDUSTRIAL       | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> TANKS, TOWERS              |
| <input type="checkbox"/> PARKING GARAGE   | <input type="checkbox"/> PUBLIC UTILITY             | <input type="checkbox"/> OTHER                      |

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

**VI. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

- ☐ MASONRY   ☐ WALL BEARING   ☐ WOOD FRAME   ☐ STRUCTURAL STEEL   ☐ REINFORCED CONCRETE   ☐ OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

- ☐ GAS   ☐ OIL   ☐ ELECTRICITY   ☐ COAL   ☐ OTHER

I understand that the Township Assessor will be visiting the property sometime within the next year to obtain measurements.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PROJECT:

TOTAL SQUARE FEET OF NEW BUILD OR ADDITION \_\_\_\_\_

COST OF PROJECT: \_\_\_\_\_

WILL THERE BE:

Mechanical \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

All trades are pulled through Vienna Township

**BUILDING DEPARTMENT**

Soil Erosion \_\_\_\_\_ Site Plan \_\_\_\_\_ Plans \_\_\_\_\_ Water/Sewer \_\_\_\_\_ Well/Septic \_\_\_\_\_