

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

## RESIDENTIAL BUILDING APPLICATION

**Charter Township of Independence**  
**6483 Waldon Center Dr., Clarkston, MI 48346**  
**Phone: 248-625-8111**  
**Applicant to Complete All Items in Sections 1 – 16**

Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit can not be issued
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<b>1. Project Information</b>			
Site Address:	Sidwell / Parcel ID#:	Zoning:	
Subdivision:		Lot Number/Unit Number:	
Cross Streets:			
<b>2. Homeowner</b>			
Name:		Phone:	
Address:	City/State/Zip:		
<b>3. Contractor, if other than Homeowner</b>			
Company Name:		Phone:	
Address:	City/State/Zip:		
Licensee:	Builders License Number:	Exp. Date:	
Address:	City/State/Zip:	Phone:	
Federal Employer ID Number or Reason for Exemption:			
Workers Comp Insurance Carrier or Reason for Exemption:			
MESC Employer Number or Reason for Exemption:			
<b>4. Type of Improvement</b>			
<input type="checkbox"/> New Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Pre-Manufactured	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition	<input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Deck	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Detached <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Swimming Pool – In Ground <input type="checkbox"/> Swimming Pool – Above Ground <input type="checkbox"/> Other – Specify _____
<b>5. Proposed Use of Building</b>			
<b>6. Square Feet</b>			
New Home/ Improvement:		Garage / Structure / Deck / Pool / Other:	
<b>7. Foundation Material (Cement, Post, Block, Wood)</b>			
<b>8. Exterior Wall Cover (Wood, Brick, Aluminum, Other)</b>			
<b>9. Heat Fuel (LP, Gas, Solid Fuel, Electric, Oil)</b>			

Visit our website @ [www.twp.independence.mi.us](http://www.twp.independence.mi.us)  
 for additional Building Department information and forms

<b>10. Water Supply: Water / Septic / Township Water / Township Sewer</b>			
Oakland County Septic Permit #:	Expiration Date:	Oakland County Well Permit #:	Expiration Date:
*Septic System Must be 100' From a Body of Water *Must be shown on Plot Plan			
<input type="checkbox"/> Independence Township Sewer		<input type="checkbox"/> Independence Township Water	
<b>11. Lot Size</b>			
Frontage:		Depth:	
<b>12. Corner Lot</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>13. Setbacks</b>			
Front:	Side:	Side:	Rear:
<b>14. On this property, are there:</b>			
<input type="checkbox"/> Bodies of Water?	<input type="checkbox"/> Flood Plains?	<input type="checkbox"/> Wetlands?	<input type="checkbox"/> Easements?
<b>15. Subdivision Control Committee Approval Required</b>			
<input type="checkbox"/> Yes Signature: _____		<input type="checkbox"/> Not required	
<b>16. Estimated Cost of Construction</b>			

**Note: Separate Applications must be completed for Electrical, Mechanical and Plumbing Work Permits**

I hereby certify that the proposed work is authorized by owner of record and that I have been authorized by the owner to make application as his/her authorized agent and we agree to conform to all applicable codes of the State of Michigan and Independence Township. Applicant further certifies that proposed structure meets all requirements of the State of Michigan Energy Code, that soil conditions are suitable for proposed structure and all minimum load-bearing requirements for said structure. Applicant understands that use or occupancy of proposed building is prohibited by the State of Michigan Construction Code until all final inspections and occupancy permits are issued by the Independence Township Building, Planning and Zoning Department.

**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 sections 23a are subjected to civil fines.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Original Signatures Only – Faxed Signatures will not be accepted.

Plot plan to scale must accompany construction plans and job sites must be marked.

