

**BUILDING DEPARTMENT**  
**6206 DIXIE HIGHWAY**  
**BRIDGEPORT, MI 48722**

**BRIDGEPORT CHARTER TOWNSHIP**  
**BUILDING PERMIT APPLICATION**  
 Application Number \_\_\_\_\_

PHONE: (989) 777-0940  
 FAX: (989) 777-4802

Permission is requested by the Contractor and by the Owner to perform work as described below and on the reverse side, and as shown on the attached plans.

**Date:** \_\_\_\_\_

<b>PROPERTY</b>	Address _____	Zoning District _____
	Between _____ And _____	Parcel/Tr # _____
<b>PROPERTY OWNER</b>	Name _____ Phone _____	Fax _____
	Address _____ City _____ State _____	Zip _____
<b>CONTRACTOR</b>	Name/Business _____ Phone _____	Fax _____
	Address _____ City _____ State _____	Zip _____
	License # _____	Exp. _____
<b>ARCHITECT/ ENGINEER</b>	Name _____ Phone _____	Fax _____
	Address _____ City _____ State _____	Zip _____
	License# _____	

**BUILDING INFORMATION**

**TYPE OF WORK:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Build/Finish        | <input type="checkbox"/> New                    | <input type="checkbox"/> Building             |
| <input type="checkbox"/> Addition(s) to      | <input type="checkbox"/> Existing               | <input type="checkbox"/> Tenant Space         |
| <input type="checkbox"/> Alteration(s) to    | <input type="checkbox"/> Portion(s) of existing | <input type="checkbox"/> Deck                 |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Foundation only        | <input type="checkbox"/> Porch                |
| <input type="checkbox"/> Demolition of       | <input type="checkbox"/> Sign                   | <input type="checkbox"/> Fence                |
| <input type="checkbox"/> Move                | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Garage               |
| <input type="checkbox"/> Repair(s) to        |   | <input type="checkbox"/> Roof                 |
| <input type="checkbox"/> Replacement of      |   | <input type="checkbox"/> Windows Number _____ |
| <input type="checkbox"/> Other _____         |   | <input type="checkbox"/> Siding _____         |

**USE GROUP:**

- Vacant
- A-1 Assembly, theaters
- A-2 Assembly, nightclubs, bars, restaurants
- A-3 Assembly, rec centers, religious buildings
- A-4 Assembly, indoor sporting facilities
- A-5 Grandstands, stadiums, outdoor sporting events
- B Business
- E Educational
- F-1 Factory and industrial, moderate hazard
- F-2 Factory and industrial, low hazard
- H-1 High hazard, detonation hazards
- H-2 High hazard, deflagration hazards
- H-3 High hazard, physical hazards
- H-4 High hazard, health hazards
- H-5 Hazardous production materials
- I-1 Institutional, supervised residential care
- I-2 Institutional, incapacitated, hospital, nursing home
- I-3 Institutional, restrained, prisons
- M Mercantile
- R-1 Residential, hotels, motels, boarding houses
- R-2 Residential, multiple-family, fraternity, sorority
- R-3 Residential, 1 and 2 family and townhouses
- R-4 Assisted living (6-16 occ.)
- S-1 Storage, moderate hazard
- S-2 Storage, low hazard
- U Utility, miscellaneous, garages, fences, sheds
- Mixed Uses

**FLOODPLAIN:**

YES  NO

**BUILDING HEIGHT/AREA:**

DEQ Permit # \_\_\_\_\_ Max. Height Above Grade \_\_\_\_\_

Approval \_\_\_\_\_ Stories above Grade \_\_\_\_\_

Max. Area per Floor \_\_\_\_\_

Total Floor Area: \_\_\_\_\_

Area by Use: \_\_\_\_\_

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> 5B - Combustible/unprotected               | _____ Use _____ SF |
| <input type="checkbox"/> 5A - Combustible/protected                 | _____ Use _____ SF |
| <input type="checkbox"/> 4 - Heavy Timber                           |                    |
| <input type="checkbox"/> 3B - Non-combustible/combustible protected | _____ Use _____ SF |
| <input type="checkbox"/> 3A - Non-combustible/combustible protected | # Units _____      |
| <input type="checkbox"/> 2B - Non-combustible/protected             |                    |
| <input type="checkbox"/> 2A - Non-combustible/protected             |                    |
| <input type="checkbox"/> 1B - Non-combustible/protected             |                    |
| <input type="checkbox"/> 1A - Non-combustible/protected             |                    |

Is this building residential rental property?

Yes  
 No  
 # Units \_\_\_\_\_

**BUILDING USE OPTIONS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Single Use                     | <b>Other Items:</b>   |
| <input type="checkbox"/> Mixed Use - Separation Option: | <input type="checkbox"/> Septic and well permits  |
| <input type="checkbox"/> Non-separated uses             | <input type="checkbox"/> Driveway permit  |
| <input type="checkbox"/> Separate buildings             | <input type="checkbox"/> Bridgeport Charter Township Water Department for information on water tap fees, frontage assessment fees, water meter and MXU fees |
|   | <input type="checkbox"/> Bridgeport Charter Township Waste Water Department for Sewer hook-up fee   |
|   | <input type="checkbox"/> Soil and Sedimentation Control Permit  |

**FEES:** Building Permit \$ \_\_\_\_\_

Certificate of Occupancy \$ \_\_\_\_\_

Plan Review \$ \_\_\_\_\_

Zoning Permit \$ \_\_\_\_\_

Bond \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ [ ] Cash [ ] Check No. \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VALUE OF WORK - Includes Mechanical, Electrical, Plumbing and Labor: \$ \_\_\_\_\_

**PURSUANT TO PUBLIC ACT OF 135 OF 1989 ALL BUILDING DEPARTMENT PERMIT APPLICANTS MUST FILL OUT THIS SECTION**

1. Driver's License #: \_\_\_\_\_ 2. Workers Compensation Carrier \_\_\_\_\_

3. Tax Id #/SS # \_\_\_\_\_ 4. MESC # Unemployment Agency # \_\_\_\_\_ 5. Homeowner - N/A

SECTION 23A of the State Construction Codes Act of 1972, Act. No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

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

Initial Here to verify this Item has been read.

**HOMEOWNERS AFFIDAVIT:** I hereby certify that I am the bona fide homeowner of the above property which is a single residence and not for rent. I am familiar with the provisions of the applicable ordinances and rules and hereby agree to make this installation or construction in conformance with the ordinance and State Laws of Michigan. I realize that in making this application, I assume the responsibility of a licensed contractor for the work mentioned in this permit. I agree to notify the Building Department within 72 hours after the work is completed so that the Department may make its required inspection(s). I further agree to keep all parts of this work exposed until accepted by the inspector(s).

**Violation Penalties:** Any person who shall violate any provision of the Ordinance or shall fail to comply with any of the requirements the State of Michigan Building /Residential Code shall be subjected to civil fines.

Signature (Homeowners Only) \_\_\_\_\_ Printed Name and Address \_\_\_\_\_ Date \_\_\_\_\_

Contractor, acting through the undersigned, agrees to comply with all terms and conditions of permit as it may be issued.

I, Owner, or person acting as owner's agent, agree to require Contractor to comply with all terms and conditions of permit as it may be issued, agree to The terms and conditions of permit as it may be issued, and agree to pay all fees and costs that may come due as a result of any activity under the

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
permit.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signature and Title \_\_\_\_\_

Print Name of Signature \_\_\_\_\_

Company Name: \_\_\_\_\_

\*If Owner's signature is by Contractor or its representative, Contractor warrants and represents that it is an authorized agent for Owner for purposes of obtaining this permit. (NOTE: Contractor is NOT allowed to act as agent for Owner if Contractor is in non-compliance status on other permits.)

**MUST BE SUBMITTED: TWO (2) SETS OF PLANS FOR RESIDENTIAL - THREE (3) SETS OF PLANS FOR COMMERCIAL/INDUSTRIAL**

**OFFICE USE ONLY**

ZONING NOTES: Zoning Permit #: \_\_\_\_\_  Approved by \_\_\_\_\_ Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Use: \_\_\_\_\_ SETBACKS: Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Site Plan Required:  Approved by \_\_\_\_\_ Date: \_\_\_\_\_ Zoning Change Required:  Approved by \_\_\_\_\_  
Date: \_\_\_\_\_

NOTES \_\_\_\_\_

BUILDING NOTES: Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Notes: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Application No. \_\_\_\_\_