



TOWNSHIP OF BRUCE

Building Department

223 East Gates Street

Romeo, Michigan 48065

Building Department Direct Line: 586-258-7053

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APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

I. At (location) _____

LOCATION

OF Cross Streets _____ and _____

BUILDING Parcel # / Lot Lot Zoning
Subdivision _____ # _____ Size _____ District _____

II. TYPE & COST OF BUILDING

A. Type of Improvement

- 1. ___New building
- 2. ___Addition
- 3. ___Alteration
- 4. ___Repair, replacement
- 5. ___Wrecking
- 6. ___Moving
- 7. ___Foundation only

D. Proposed Use

- Residential
- 12. ___One family
- 13. ___Two or more family...#_____
- 14. ___Transient hotel, motel...#_____
- 15. ___Garage
- 16. ___Other - specify _____

Nonresidential *

- 18. ___Amusement, recreation
- 19. ___Church
- 20. ___Industrial
- 21. ___Parking garage
- 22. ___Service station, garage
- 23. ___Hospital, Institutional
- 24. ___Office, bank
- 25. ___Public utility
- 26. ___School, library
- 27. ___Stores, mercantile
- 28. ___Tanks, towers
- 29. ___Other -specify _____

B. Ownership

- 8. ___Private (individual, corporation nonprofit inst., etc.)
- 9. ___Public (Federal, State, or local government)

C. Cost

- 10. Electrical \$ _____
- Plumbing \$ _____
- Mechanical \$ _____
- Other \$ _____
- TOTAL COST OF IMPROVEMENT \$ _____

*Nonresidential - Describe in detail proposed use of building. If use of existing building is being changed, enter proposed use.

III. CHARACTERISTICS OF BUILDING

E. Principal Type of Frame

- 30. ___Masonry
- 31. ___Wood frame
- 32. ___Structural steel
- 33. ___Reinforced concrete
- 34. ___Other - specify _____

G. Type of Sewage Disposal

- 40. ___Public
- 41. ___Private (septic, etc.)

J. Dimensions

- 48. # of stories _____
- Height _____
- 49. Square feet _____
- 50. Land area _____

F. 35. ___Gas

- 36. ___Oil
- 38. ___Electricity
- 39. ___Other - specify _____

I. Type of Mechanical

- Central Air
- 44. Yes___ 45. No___
- Elevator
- 46. Yes___ 47. No___

K. Residential Buildings

- 53. # Bedrooms _____
- 54. # Bathrooms
- Full _____
- Partial _____

IV. IDENTIFICATION

Property Owner:

Name _____ Phone# _____
Mailing Address _____ Cell# _____
e-mail Address _____ Fax# _____

Contractor:

Name _____ Phone# _____
Address _____ Cell # _____
e-mail Address _____ Fax _____

License # _____ Expiration Date _____

Federal Employer I.D. # (or reason for exemption) _____

M.E.S.C. Employer # (or reason for exemption) _____

Workers Compensation Insurance Carrier (or reason for exemption) _____

Architect/Engineer:

Name _____ Phone _____
Address _____

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 SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

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 Section 23a are subject to civil fines.

Signature of Applicant _____ Application Date _____
Printed name of Applicant _____

V. NOTES & DATA – FOR BUILDING DEPARTMENT USE

VI. VALIDATION – FOR BUILDING DEPARTMENT USE

Building Permit # _____ Date Approved _____ By _____

Plan Review information attached _____