



# TOWNSHIP OF BRUCE

## Building Department

223 East Gates Street

Romeo, Michigan 48065

Building Department Direct Line: 586-258-7053

General Phone: 586-752-4585 extension 122

Fax: 586-752-4866

Email: building @brucetwp.org

Web: www.brucetwp.org

## 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 \_\_\_\_\_