

**Fairfield Township  
P.O. Box 286  
Jasper, Mi. 49248**

When applying for a building permit:

\_\_\_\_\_ Zoning Permit  
showing approval from the zoning inspector

\_\_\_\_\_ 2 sets of prints

\_\_\_\_\_ Building permit application  
showing payment

\_\_\_\_\_ Driveway permit  
from Lenawee County Road Commission or State Hwy.

\_\_\_\_\_ Permit from Health Department  
for well or septic

\_\_\_\_\_ Permit from Township for Water  
from Anita Craig, utility clerk (436-3985)

\_\_\_\_\_ Permit from Township for Sewer  
from Anita Craig, utility clerk (436-3985)

**OTHER INFORMATION:**

Building Inspector - Rudolph Hanna 5999 S. Adrian Hwy., Adrian (517-264-6876)

Electric Inspector - Brian Bovee, 3257 Baldwin Hwy., Adrian 49221 (517-265-2606)

Mechanical Inspector - Brian Bovee, (517-265-2606)

Zoning Inspector - Marlin Caris (517-263-6137)

Sewer connection questions - Lenawee County Drain Commission (517-264-4696)

Water connection questions - Anita Craig (517-436-3985)

**BUILDING PERMIT - HARD CARD - MUST BE  
DISPLAYED AT SITE AT ALL TIMES**

## Application for Building Permit

Fairfield Township  
P.O. Box 286  
Jasper, MI 49284  
517-436-6235

Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit will not be issued

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
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				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW	ESTIMATED COST \$			
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING		3. <input type="checkbox"/> ALTERATION		5. <input type="checkbox"/> DEMOLITION
2. <input type="checkbox"/> ADDITION		4. <input type="checkbox"/> REPAIR		6. <input type="checkbox"/> MOBILE HOME SET-UP
		7. <input type="checkbox"/> FOUNDATION ONLY		9. <input type="checkbox"/> RELOCATION
		8. <input type="checkbox"/> PREMANUFACTURE		10. <input type="checkbox"/> SPECIAL INSPECTION
B. PLAN REVIEW REQUIRED				
<b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b>				
<b>Plans are not required for alterations and repair work determined by the building official to be of a minor nature.</b>				
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.				
Plan Review Submission NO. _____				

<b>IV PROPOSED USE OF BUILDING</b>					
<b>A. RESIDENTIAL</b>					
1. <input type="checkbox"/> ONE FAMILY		3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____		5. <input type="checkbox"/> DETACHED GARAGE	
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____		4. <input type="checkbox"/> ATTACHED GARAGE		6. <input type="checkbox"/> OTHER _____	
<b>B. NON-RESIDENTIAL</b>					
7. <input type="checkbox"/> AMUSEMENT		11. <input type="checkbox"/> SERVICE STATION		15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	
8. <input type="checkbox"/> CHURCH, RELIGION		12. <input type="checkbox"/> HOSPITAL, INSTITUTION		16. <input type="checkbox"/> STORE, MERCANTILE	
9. <input type="checkbox"/> INDUSTRIAL		13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL		17. <input type="checkbox"/> TANKS, TOWERS	
10. <input type="checkbox"/> PARKING GARAGE		14. <input type="checkbox"/> PUBLIC UTILITY		18. <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, PARKING GARAGE FOR DEPARTMENT STORE, RENOV. OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.					
_____					
_____					
_____					
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>					
<b>A. PRINCIPAL TYPE OF FRAME</b>					
1. <input type="checkbox"/> MASONRY, WALL BEARING		2. <input type="checkbox"/> WOOD FRAME		3. <input type="checkbox"/> STRUCTURAL STEEL	
				4. <input type="checkbox"/> REINFORCED STEEL	
				5. <input type="checkbox"/> OTHER _____	
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>					
6. <input type="checkbox"/> GAS		7. <input type="checkbox"/> OIL		8. <input type="checkbox"/> ELECTRICITY	
				9. <input type="checkbox"/> COAL	
				10. <input type="checkbox"/> OTHER _____	
<b>C. TYPE OF SEWAGE DISPOSAL</b>					
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			12. <input type="checkbox"/> SEPTIC SYSTEM		
<b>D. TYPE OF WATER SUPPLY</b>					
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			14. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
<b>E. TYPE OF MECHANICAL</b>					
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>F. DIMENSIONS/DATA</b>					
17. NUMBER OF STORIES _____		21. FLOOR AREA:		EXISTING	
18. USE GROUP _____		BASEMENT		ALTERATIONS	
19. CONST. TYPE _____		1 <sup>ST</sup> AND 2 <sup>ND</sup> FLOOR		NEW	
20. NO. OF OCCUPANTS _____		3 <sup>RD</sup> – 10 <sup>TH</sup> FLOOR		_____	
		11 <sup>TH</sup> – ABOVE		_____	
		TOTAL AREA		_____	
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>					
22. ENCLOSED _____			23. OUTDOORS _____		

<b>VI. APPLICANT INFORMATION</b>					
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.</b>					
NAME _____				TELEPHONE NO. _____	
ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____	
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER _____					
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 subjected to civil fines.					
<b>SIGNATURE OF APPLICANT</b>					
BUILDING PERMIT FEE ENCLOSED \$ _____					
<b>VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	<b>REQUIRED</b>	<b>APPROVED</b>	<b>DATE</b>	<b>NUMBER</b>	<b>BY</b>
<b>A – ZONING</b>	[ ] YES [ ] NO				
<b>B – FIRE DISTRICT</b>	[ ] YES [ ] NO				
<b>C – POLLUTION CONTROL</b>	[ ] YES [ ] NO				
<b>D – NOISE CONTROL</b>	[ ] YES [ ] NO				
<b>E – SOIL EROSION</b>	[ ] YES [ ] NO				
<b>F – FLOOD ZONE</b>	[ ] YES [ ] NO				
<b>G – WATER SUPPLY</b>	[ ] YES [ ] NO				
<b>H – SEPTIC SYSTEM</b>	[ ] YES [ ] NO				
<b>I – VARIANCE GRANTED</b>	[ ] YES [ ] NO				
<b>J – OTHER _____</b>	[ ] YES [ ] NO				
<b>VIII. VALIDATION – FOR DEPARTMENT USE ONLY</b>					
USE GROUP _____			BASE FEE _____		
TYPE OF CONSTRUCTION _____			NUMBER OF INSPECTIONS _____		
SQUARE FEET _____					
APPROVAL SIGNATURE _____					
TITLE _____			DATE _____		

IX. SITE OR PLOT PLAN – FOR APPLICANT USE

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a site or plot plan.

The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc. under the Disabilities Act, you may make your needs known to this agency.