

Z-_____
B-_____
DW-_____
E-_____
P-_____
M-_____

**ZONING, BUILDING & ADDRESS
PERMIT APPLICATION**
Stockbridge Township Building Department
 Phone: (517) 851-9362 Fax: (517) 851-7530
 Hours: 9:00 a.m. – Noon, Monday – Friday

Office Use Only
Assigned Address:

Approved
 by: _____

Date: _____

I. Location of Development:

Address		Property I.D. Number	
Township Stockbridge	County Ingham	Zip 49285	
Between (cross streets): and		(For addressing) Between (addresses on both sides): and	

II. Owner Information:

Name	Phone	Cell	
Address	City	State	Zip

III. Contractor Information (if applicable):

Name	Phone	Cell	
Address	City	State	Zip
License No.	Expiration Date		
Federal I.D. No. Reason for Exemption:			
Workers Comp. Insurance. Carrier Reason for Exemption:			
MESC Employer No. Reason for Exemption:	Contractor Signature:		

IV. Architect or Engineer (if applicable):

Name	Business Name		
Address	City	State	Zip
License No.	Expiration Date	Phone	

V. Type of Development: (circle type of project(s)):

New Home	Manufactured Home	Mobile Home	Addition	Attached Garage	Unattached Garage	Pole Barn
Accessory Building	Porches / Decks	Alteration	Repairs	Renovations	Relocation	Driveway over 100'
Pool: In-ground or Above-ground		Address only	Towers > 200 sq. ft.			

- Building structure 120 square feet and over? YES / NO**
Is there an existing home located on the proposed building site? YES / NO
Is the proposed structure to replace an existing structure? YES / NO
Is electrical going to be provided to the mentioned structure? YES / NO

By checking NO you are responsible for all fines assessed by the inspector for electrical done prior to application of electrical permit.

Stockbridge Township Ordinances prohibit more than one dwelling on a parcel. A Special Use Permit is required prior to issuance of ANY permits for construction of a dwelling on a parcel with an existing dwelling. See Building Clerk for details.

VI. Proposed use of Building:

One Family	Duplex	Three or more Families – (No. of units)	Hotel / Motel – (No. of units)
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VII. Non-Residential (if applicable):

Amusement Service Station Church / Religion Industrial Parking Garage Storage Bldg. Hospital Public Utility
 Office Bank Store / Mercantile Storage Tanks Towers

Non-Residential: Describe in detail proposed use of building, e.g., Food Processing plant, Machine Shop, Laundry Bldg at Hospital, Elementary School, Secondary School, College, Parochial School, Parking Garage for Department Store, Rental Office Bldg., Office Bldg at Industrial plant. If use of Existing Building is being changed, enter proposed change:

VIII. Characteristics of Building:

Basement Type:	Blocks	Poured	Wood	Frame Type:	Masonry	Wood	Steel	Concrete
Wall Thickness:				Other / Explain:				
Exterior Coverage:	Aluminum	Vinyl	Brick	Wood	Steel	other:		
Roof Coverage:	Asphalt	Fiber Glass	Wood	Steel	other:			
Water Supply:	Public.		Private		other:			
Sewage Disposal:	Public		Private		other:			
Mechanical:	Heating	Air Condition	Bath Vents	Elevator	other:			
Heating Type:	Forced Air	Hot Water	Electric Heat	Coal / Wood Burner	Other:			
Heating Fuel:	Natural Gas	Propane	Oil	Electricity	Wood / Coal	Other:		
Dimensions:	Square Footage:		No. of Floors:					
Lot Size:	Acreage:		Estimated Cost:					

IX. Applicant Information: Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name: _____ Phone: _____

Note: Fees are based on square footage & estimate of number of inspections. If any additional inspections are incurred, you must pay for them.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, Being Section 125,1523A of the Michigan Compiled Laws, Prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential structure. Violators of Section 23A are subject to Civil Fines.

Note: Stockbridge Township does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

I hereby certify that the owner of record authorizes the proposed work and that the owner to has authorized me to complete this application as his 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.

Signature of Applicant:

Date

Office use only:

Zoning Permit Fee	Building Permit Fee	Total	
Addressing Inspection Fee		Total	
Cash / Check #:	Receipt #:	Total	Balance

SIGNATURE OF ZONING APPROVAL:

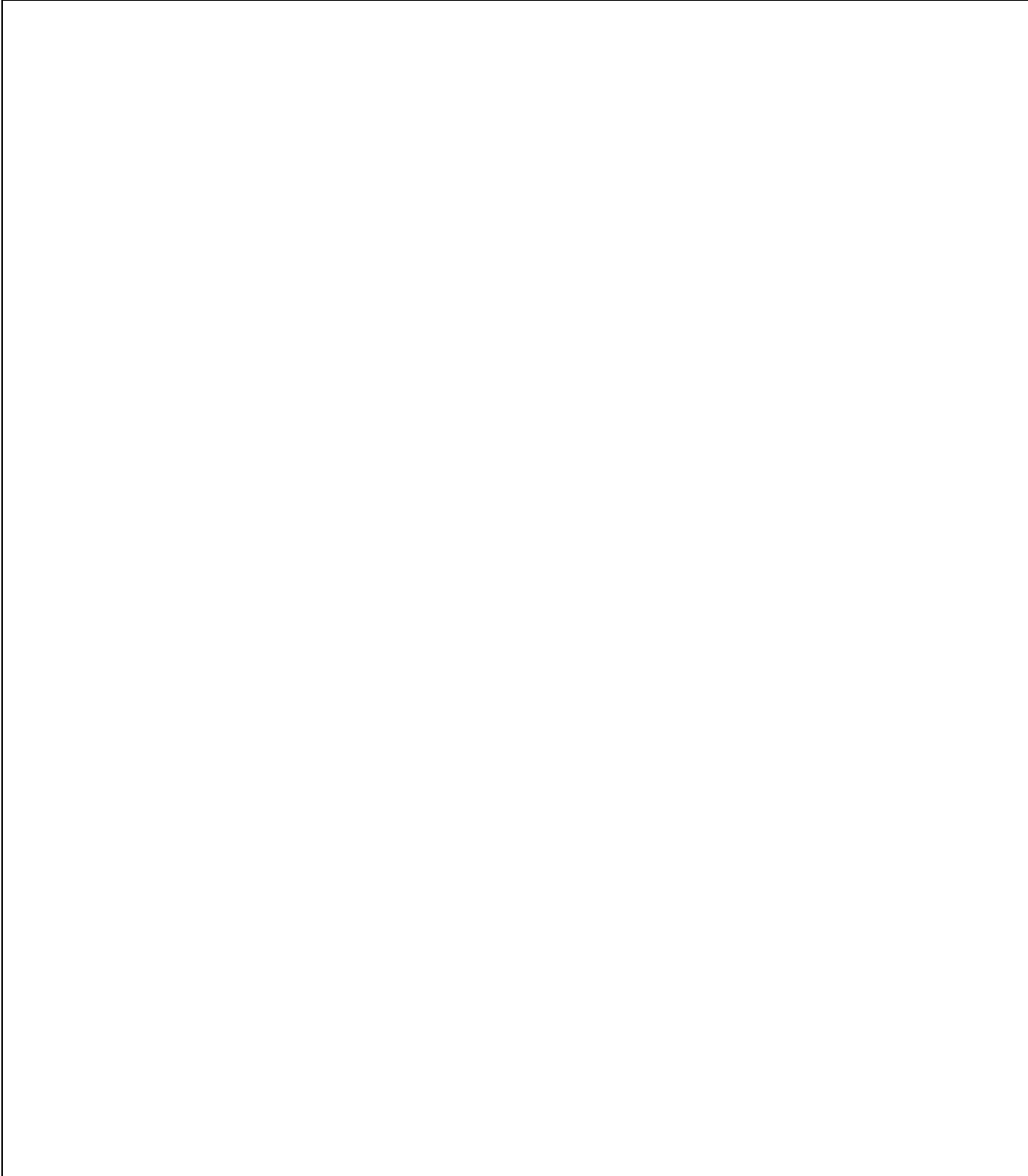
DATE:

Additional fees due to additional/failed inspections will be assessed and are not reflected here.

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Site Plan:

North



South