

**MAINTENANCE BUILDING PERMIT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VILLAGE OF STOCKBRIDGE**

Permit # \_\_\_\_\_

New residential construction, addition, and alteration

**VILLAGE OF STOCKBRIDGE**

PO BOX 155 / 305 W ELIZABETH ST  
STOCKBRIDGE MI 49285  
PH. 517-851-7435 FAX.517-772-6222  
BLDG DEPT. 800-627-2801 EXT. 0

Job Address: \_\_\_\_\_ Property Tax ID: \_\_\_\_\_

Zoning District:(office use) \_\_\_\_\_ Permit Determinant: (office use) \_\_\_\_\_

Use Group: (office use) \_\_\_\_\_ Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Type Const: \_\_\_\_\_ Address: \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ft. x \_\_\_\_\_ft. Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

No. Floors: \_\_\_\_\_ Address: \_\_\_\_\_ Cell \_\_\_\_\_

- |   |                      |                             |
|---|----------------------|-----------------------------|
| _____ Sq Ft main floor  | _____ No. bedrooms   | _____ No. wood burners      |
| _____ Sq Ft second floor                                      | _____ No. full baths | _____ Sq Ft porches         |
| _____ Sq Ft finished basement                                 | _____ No. half baths | _____ Sq Ft breezeways      |
| _____ Sq Ft unfinished basement                               | _____ No. fireplaces | _____ Sq Ft deck            |
| _____ No. rooms 1 <sup>st</sup> floor                         | _____ No. chimneys   | _____ (Ft.) ceiling height  |
| _____ Sq Ft garage (attached garage requires fire separation) |                      | _____ (Ft.) building height |

Please supply 3 sets of plans

**PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:**

**FOUNDATIONS (11)**

- \_\_\_\_\_ ftgs \_\_\_\_\_ X \_\_\_\_\_
- \_\_\_\_\_ " below fin grade
- \_\_\_\_\_ No. post footings
- \_\_\_\_\_ "x \_\_\_\_\_ "x \_\_\_\_\_ "
- \_\_\_\_\_ poured walls
- \_\_\_\_\_ H.C. block \_\_\_\_\_
- \_\_\_\_\_ Wood foundation
- (provide diagram)
- \_\_\_\_\_ Ft foundation wall height
- \_\_\_\_\_ "Crawl space wall height
- \_\_\_\_\_ "Egress sill height
- \_\_\_\_\_ No. basement windows
- \_\_\_\_\_ Crawl space vent openings

**ROUGH-IN FRAMING (10)**

- \_\_\_\_\_ Sill plate (treated)
- \_\_\_\_\_ Wall plates
- \_\_\_\_\_ Headers
- \_\_\_\_\_ Wood girder
- \_\_\_\_\_ Steel girder
- \_\_\_\_\_ Post \_\_\_\_\_ Ft. O .C.
- \_\_\_\_\_ Stud wall
- \_\_\_\_\_ Masonary
- \_\_\_\_\_ Floor joists \_\_\_\_\_ " O.C.
- \_\_\_\_\_ Ceiling joists \_\_\_\_\_ ' O.C.
- \_\_\_\_\_ Rafters \_\_\_\_\_ " O.C.
- \_\_\_\_\_ Truss (diagram required)
- \_\_\_\_\_ " Floor sheathing
- \_\_\_\_\_ " Wall sheathing
- \_\_\_\_\_ " Roof sheathing
- \_\_\_\_\_ " Corner brace sheath

**EXTERIOR (3)**

- Wood
- Aluminium/Vinyl
- Brick
- Block

**ROOFS (4)**

- Hip
- Gable
- \_\_\_\_\_ Front overhang
- \_\_\_\_\_ Other overhang
- \_\_\_\_\_ Eavestrough
- Metal
- Asphalt shingles
- Underlayment
- Vents
- Other Coverings
- \_\_\_\_\_ Attic access 22" x 30"

**CHIMNEY TYPE**

- \_\_\_\_\_ Brick
- \_\_\_\_\_ Block
- \_\_\_\_\_ Stone
- \_\_\_\_\_ Zero Clearance

**WINDOWS (5)**

- No. of windows
- \_\_\_\_\_ Wood sash
- \_\_\_\_\_ Metal sash
- \_\_\_\_\_ Type
- \_\_\_\_\_ Egress/bedrooms

**INSULATION (9)**

- \_\_\_\_\_ " Fiberglass
- \_\_\_\_\_ " Cellulose
- \_\_\_\_\_ "Blown in fiberglass
- \_\_\_\_\_ " Foam
- \_\_\_\_\_ other
- \_\_\_\_\_ "rigid poly ure.
- \_\_\_\_\_ "rigid styro
- \_\_\_\_\_ "insul sheath
- \_\_\_\_\_ wind barrier
- \_\_\_\_\_ (mil) moisture barrier

**Interior (13)**

- \_\_\_\_\_ Foyer
- \_\_\_\_\_ Kitchen floor
- \_\_\_\_\_ Other floor
- \_\_\_\_\_ Drywall
- \_\_\_\_\_ Plaster
- \_\_\_\_\_ Covered ceiling
- \_\_\_\_\_ Panel wainscot
- \_\_\_\_\_ 5/8" garage fire code

**BUILT-IN ITEMS (15)**

- \_\_\_\_\_ Oven
- \_\_\_\_\_ Range
- \_\_\_\_\_ Disposal
- \_\_\_\_\_ Hoods/fan
- \_\_\_\_\_ Dishwasher
- \_\_\_\_\_ Refrigerator
- \_\_\_\_\_ Incinerator
- \_\_\_\_\_ Vanities
- \_\_\_\_\_ Ft. Cupboard length

**Contractor will stake 2 adjacent lot lines for First Inspection. Sketch lot diagram on second page. Also sign permit.**

**COST OF PERMIT \$ \_\_\_\_\_**

**PERMITS EVENTUALLY NEEDED FOR THIS PROJECT (trade permits are separate from the building permit)**

**Electrical Permit**

yes  no

**Mechanical Permit**

yes  no

**Plumbing Permit**

yes  no

By: \_\_\_\_\_  
Building Official

**Make checks payable to:  
VILLAGE OF STOCKBRIDGE**

**COMPLETE INFORMATION ON SECOND PAGE**

# BUILDING PERMIT SECOND PAGE

## LOT DIAGRAM

Owner: \_\_\_\_\_ Job Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tax I.D.: \_\_\_\_\_

- |                              |   |  |
|------------------------------|---|--|
| (1) Draw lot lines in feet   | (4) Draw proposed construction                            | (7) Draw lakes, streams, and wet lands within 500 feet |
| (2) Label street             | (5) Show dimensions of all buildings                      | (8) Contractor/owner will stake 2 adjacent lot lines   |
| (3) Draw existing structures | (6) Show distance from all sides of building to sidelines |  |

Engineer/Architect: _____	Phone (_____) _____
Address: _____	

**Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information**

Name	Phone Number	
E-mail address	Cell Phone Number	
Address:	City, State, Zip Code	
Federal ID/Social Security No.	MESC Employer No.	
License No.	Exp Date	Worker's Compensation Carrier
If exempt from any of the above, explain here:		

***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 building or a residential structure. Violators of Section 23a are subject to civil fines.***

**Homeowner's Affidavit and Signature**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Agent/Contractor's Affidavit and Signature**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# MAINTENANCE PERMIT CHECKLIST – (Return with Application)

Project address/location of proposed work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- \_\_\_\_\_ 1. **LOT DIAGRAM** on back of first page of application.  
Is the structure within the property boundaries? \_\_\_\_\_ YES \_\_\_\_\_ NO
  
- \_\_\_\_\_ 2. **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...) **RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-MANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.**
  
- \_\_\_\_\_ 3. **PROPERTY TAX I.D. NUMBER**
  
- \_\_\_\_\_ 4. **DESCRIPTION OF MAINTENANCE WORK PROPOSED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ 5. **OTHER PERMITS EVENTUALLY NECESSARY:**  
\_\_\_\_ Electrical \_\_\_\_ Mechanical \_\_\_\_ Plumbing  
The applicant or a licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

## RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

VILLAGE OFFICE HOURS are Monday – Friday, 9am- 3:00pm, 305 W Elizabeth St. Rm. 107 Stockbridge, MI 49285; PHONE is (517) 851-7435; by MAIL PO Box 155, Stockbridge, MI 49285; Email [clerk@vosmi.org](mailto:clerk@vosmi.org) ; or by FAX at (517) 772-6222.

Signed: \_\_\_\_\_

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

**BUILDING DEPT.**      **Associated Gov't Svc.**  
M-F 8:00-12:00, 1:30-4:40  
Phone: (800) 627-2801

**PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.**