

For Village of Carleton

DEPARTMENT OF ZONING AND BUILDING INSPECTION
Monroe County, Michigan

Date _____

Application For Building Permit and Certificate of Occupancy

(This Application Is Valid For A Period Of Six Months From Date Of Application)

THE UNDERSIGNED IN COMPLIANCE WITH ALL LAWS, ORDINANCES OR REGULATIONS HEREBY MAKES APPLICATION FOR PERMISSION TO:

Build [] Enlarge [] Alteration [] Repair [] Demolish [] Move []

Owner's Name _____ Phone No. _____

Address _____

Property Location and Address _____

Located in Section No. _____ Code No. _____ Zoned _____

Subdivision Name _____ Lot No. _____

Size of Lot _____ Total Square Feet _____

Builder's Name _____ License No. _____

Builder's Address _____ Phone No. _____

Kind of Building _____ Height _____

Building To Be Used For _____

Type of Construction _____ Foundation _____

Size of Principal _____ Total Square Feet _____

Size of Basement _____ Total Square Feet _____

Size of Accessory _____ Use _____

Material To Be Used On Outside Walls _____

Size of Enlargement Addition _____ Use _____

Type of Sewage System _____

No Bedrooms _____ No. Bathrooms _____ Is Garbage Disposal to be installed? Yes _____ No _____

Soil Type _____ Percolation Test Rate _____ Clearance to nearest water well _____

Source of Water Supply _____

Well Location: Front _____ Rear _____ Other _____

Type of Well _____ Pump Location _____

Clearance from Water Well to nearest Septic Tank and Tile Bed _____

Estimated Total Complete Cost _____

Furnish a description of premises and a Plot Plan or Survey showing proposed position of new construction, all existing structures on site, established street grades and all utilities. Furnish two complete sets of building plans — one to remain in Township Office.

If application is made to build within a subdivided area, applicant shall have approval of the subdivision officer.

This application and plans shall be approved by Monroe County Health Department before a Building Permit will be issued.

Signature of Owner and/or Authorized Agent

Signature of Sub. Official

Signature of Health Official

Date

Date Approved By _____
Inspection Dept. _____ Permit No. _____

Signature of Building Inspector

Date Refused _____ (Reason - Over)