



**Williamstown Township**  
4990 Zimmer Rd., Williamston, MI 48895  
WilliamstownTownship.com  
P. (517)655-3193 | F: (517)655-3971

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IN ORDER TO OBTAIN A BUILDING PERMIT FOR A **DEMOLITION**, THE FOLLOWING DOCUMENTS ARE REQUIRED:

- COMPLETED BUILDING PERMIT APPLICATION
- PROOF OF OWNERSHIP
- COPY OF CURRENT BUILDERS LICENSE (or have one on file at Township Office)
- SIGNED INSURANCE ADDENDUM (commercial buildings are exempt)
- A **COMPLETE** SITE PLAN THAT INCLUDES THE FOLLOWING:
  - Location of all existing structures on the site
  - Location of building being removed
  - Directional North
  - Road location
  - **Site plan may be hand-drawn, but MUST be representative of actual site, and to scale.**
- OFFICIAL NOTICE FROM THE SERVICING UTILITY COMPANY THAT ALL UTILITIES (GAS AND ELECTRICITY) HAVE BEEN SHUT OFF
- HEALTH DEPARTMENT VERIFICATION OF ABANDONED WELL AND SEPTIC
- APPLICATION FEE

**\*IF THIS PERMIT IS FOR THE DEMOLITION OF A RESIDENCE, YOU MUST SUBMIT A WRITTEN REQUEST TO THE TOWNSHIP BOARD NO LATER THAN NOVEMBER 1<sup>ST</sup> TO HAVE THE POLICE ASSESSMENT REMOVED FROM YOUR TAXES.**

***\*REMINDER\* Permit must be ISSUED before work begins. Submittal of an application does not allow you to start the project. Fines may be issued for non-compliance.***

**24- HOUR NOTICE REQUIRED FOR ALL INSPECTIONS      517 521-4929**

# BUILDING PERMIT APPLICATION

## TOWNSHIP OF WILLIAMSTOWN PLEASE PRINT

PHONE (517) 655-3193 | FAX (517)655-3971

B,P. No. _____
Final Date _____

Date \_\_\_\_\_

Application for:  New Construction  Remodel  Addition  Accessory  Demolition  Reroof  
 Deck  Pool  Sign  Grading  Other

Describe Work:			
Street Address		City	Post Office
Lot No.	Subdivision	Email	
Owner	Mailing Address	ZIP	Phone
Contractor	Mailing Address	ZIP	Phone License No.
Architect or Designer	Mailing Address	ZIP	Phone Registration No.
Engineer	Mailing Address	ZIP	Phone Registration N
Size of Structure or Addition	Valuation of Work \$	Permit Fee	

**NOTICE**

This permit becomes null and void if work or construction is not commenced within 6 months, or if work or construction is suspended or abandoned for a period of 6 months at any time after work is commenced. A true copy of the plans of said building are attached. It is understood that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

**I understand the this is an application for permit and does not guarantee approval or issuance of said permit.**

\_\_\_\_\_  
Signature Date

**FOR TOWNSHIP USE ONLY**

Water & Sewer <input type="checkbox"/> Private <input type="checkbox"/> Pubic Water Permit No. _____ Sewer Permit No. _____ Sewer Final Inspection _____ Soil Erosion Permit No. _____ Driveway Permit No. _____	Zoning District _____ Occupancy Group _____ Sidwell No. _____ Building Site Plan _____ Approved by _____ Date _____
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Permit to be sent to: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor # _____ Application Accepted By: _____ Date _____ Fee Received: _____ Date _____ By _____ Receipt No. _____	<input type="checkbox"/> Flood Plain <input type="checkbox"/> Conforming <input type="checkbox"/> Wetlands <input type="checkbox"/> Nonconforming If Nonconforming Assessed Value of Structure: _____
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_____ (Building Official) <input type="checkbox"/> Approved <input type="checkbox"/> Denied Building Permit No. _____ Date of Issue _____	Proposed Construction or Use <input type="checkbox"/> Conforming <input type="checkbox"/> Nonconforming If Nonconforming Variance <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____
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SPECIAL CONDITIONS: _____ _____ _____ _____ _____	Special Use Permit <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____ Site Plan <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____ <b>NOTE: ALL CONSTRUCTION SHALL COMPLY WITH THE PROVISIONS OF THE MICHIGAN RESIDENTIAL CODE OF _____ (Year)</b>
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**INSURANCE ADDENDUM TO BUILDING PERMIT APPLICATIONS**

(To be filed by Residential Builders or Licensed Applicant)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. License Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_
4. Insurance Company providing Commercial Comprehensive General Liability insurance for applicant \_\_\_\_\_
5. Workers Compensation Insurance Carrier \_\_\_\_\_  
Or reason for exemption \_\_\_\_\_
6. IRS Employer Identification Number \_\_\_\_\_  
Or reason for exemption \_\_\_\_\_
7. MESC Employer Number \_\_\_\_\_  
Or reason for exemption \_\_\_\_\_

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 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.

Printed name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

(Form for compliance with Public Act 135 of 1989 - 11-2-89)

Revised 11/25/2015

# SITE PLAN EXAMPLE

- all set backs
- accurate lot dimensions
- underground or over head utilities
- legible

