

# APPLICATION FOR TYRONE TOWNSHIP BUILDING PERMIT

28 E MUSKEGON ST - PO BOX 275, KENT CITY, MI 49330  
616-678-4779 fax: 616-678-5513

BUILDING INSPECT.

Casey Patterson  
616-678-4779

**Mon 8-10am**  
**Wed 8-9am & 2-4pm**

ELECTRICAL INSPECT.

Dennis Cassady  
616-696-9609

PLUMBING & MECHANICAL INSP.

David Cooley  
616-447-0878

---

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

BUILDING SITE ADDRESS: \_\_\_\_\_ PP # 41-01-\_\_\_\_-\_\_\_\_-\_\_\_\_

BETWEEN WHAT CROSS STREETS: \_\_\_\_\_ AND \_\_\_\_\_

**APPLICANT/CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

**OWNER'S NAME IF DIFFERENT THAN ABOVE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## BUILDING INFORMATION

LOT SIZE: \_\_\_\_\_ SQUARE FOOT OF BUILDING: \_\_\_\_\_

BUILDING DIMENSIONS: \_\_\_\_\_ FT WIDE BY \_\_\_\_\_ FT LONG \_\_\_\_\_ FT HIGH

ESTIMATED COST: \$ \_\_\_\_\_ TYPE OF BUILDING: \_\_\_\_\_  
(house, garage, pole bldg, etc)

TYPE OF FOUNDATION: \_\_\_\_\_

**\*\*\* ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION \*\*\***  
**SEE BUILDING PERMIT INFORMATION CHECKLIST**

Fees are determined as follows:

- Base fee - \$75.00
- Permit fee – per \$1000 of cost 3.50
- Mechanical, Electrical & Plumbing fees – determined by permits
- Agricultural Site Review 30.00

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

\_\_\_\_\_ phone # \_\_\_\_\_  
Name

\_\_\_\_\_ fax # \_\_\_\_\_  
Address

\_\_\_\_\_ cell # \_\_\_\_\_

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 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, 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.

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

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

---

**Local governmental agency to complete this section below**

**Environmental control approvals**

**Approved**

**Zoning** \_\_\_\_\_  
**Soil Erosion** \_\_\_\_\_  
**Flood Zone** \_\_\_\_\_  
**Water Supply** \_\_\_\_\_  
**Septic System** \_\_\_\_\_  
**Variance Granted** \_\_\_\_\_  
**Other** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Permit #** \_\_\_\_\_

**Approved by:**

**Issue Date** \_\_\_\_\_

**Permit Fee** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**





## Certificate of Occupancy Deposit

Tyrone Township requires a \$500.00 Certificate of Occupancy Deposit to insure compliance with the Michigan Building Code Section 110.

This deposit will be refunded to the applicant within 7 days after the issuance of Certificate-of-Occupancy. This occurs as long as the building or work for which the permit was issued has not been occupied.

In the event the Building Inspector determines the building has been occupied Prior to the issuance of "C of O" the deposit will be forfeited. (Forfeiture of the deposit will in no way constitute failure to comply with the code).

---

Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

\_\_\_\_\_

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

Cash       Check # \_\_\_\_\_       Money Order

Worksite address: \_\_\_\_\_

Deposit returned: \_\_\_\_\_ Twp Ck # \_\_\_\_\_  
(date)

**TYRONE TOWNSHIP  
TO ALL CONTRACTORS WORKING IN TYRONE TOWNSHIP**

All contractors are required to register their new license each year. This registration form should be read, signed and returned. This contractor is aware of the following Tyrone Township requirements:

1. A copy of the contractor's license must accompany this registration.
2. Only registered licensed contractors can obtain permits.
3. Permit is required prior to commencement of work.
4. Proper street address obtained from Kent County Road Commission must be on all permits and be used when requesting inspections.
5. Permit is valid only when received and accepted by inspection personnel.
6. No work shall be covered or concealed without inspection and approval.
7. Each contractor is responsible for arranging his own inspections.
8. Final inspections and Certificate of Occupancy is required for all projects before occupancy occurs.
9. Homeowners can obtain a Homeowner Permit for a single-family dwelling in which he lives or is about to occupy for not less than one (1) year.
10. This registration may be revoked by Tyrone Township if at any time code or ordinance violations are not corrected within 30 days.

License Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_

License Holder's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Contractor's License # \_\_\_\_\_ License Expires \_\_\_\_\_

Contractor's License Issued by \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Workman's Comp carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal ID # \_\_\_\_\_ MESC # \_\_\_\_\_

**PLEASE REMIT \$3.00 FEE:** Tyrone Township  
28 E Muskegon St. PO Box 275  
Kent City, MI 49330