MAINTENANCE PERMIT

AGS Building Dept 8721 Gull Rd. Suite B Richland, MI 49083

| Date:// | | | (269) 629-0600 (800) 627-2801 Fax (269) 629-0601 |
|---------------------------------|---------------------|---|--|
| Jurisdiction of | Permit # | | ` · |
| | New residential cor | nstruction, addition, and alteration | |
| Job Address: | | Property Tax I.D.; _ | |
| Zoning district: | | Permit Determinant: _ | |
| Use Group: | | | () |
| Type Const.: | | | phone |
| | | | phone |
| Basic Dimensions: | | | |
| No. Floors: | | Address: | |
| Sq. ft. main floor | No. roo | *************************************** | No. wood burners |
| Sq. ft. second floor | - No. ful | | Sq. ft. porches/breezeways |
| Sq. ft. fin. basement | No. ha | | Sq. ft. wood deck |
| Sq. ft. unfin. bsmt. | No. fire | | (ft.) ceiling height |
| No. rooms 1st floor | No. ch | | — (ft.) building height |
| Sq. ft. garage (attached g | | | · · · · - |
| PLEASE FILL IN OR CHECK THI | | S BELOW: | INSULATION (9) |
| FOUNDATIONS (11) | EXIEN | * * | * Fibergless |
| ftgs*x* | | Aluminum/Vinyl | Cellulose |
| " below fin. grade | | • | Blown in fb. glass |
| No. post footings | * | | Foam |
| " X " X | * | | other |
| Poured walls | ROOFS | = - | |
| H,C. block* | <u></u> | - | " rigid poly ure. |
| Wood foundation | | | rigid styro |
| (provide diagram) | | Front overhang | " insul sheath |
| Ft, Foundation wall height | | Other overhang | wind barrier |
| * crawl space wall height | | Eavestrough | (mll) molsture barr. |
| egress sill height | | IEY TYPE | INTERIOR (13) |
| No. bamt. windows | | | Foyer |
| Crawl space vent openings | | Block | Kit fl. |
| ROUGH-IN FRAMING (10) | | Stone | Other II. |
| Sill plate (treat.) | ·- | Metal | ——— drywali |
| Wall plates | - | - Asphalt Shingles | plaster |
| headers | | - Underlayment | covered celling |
| wood girder | | Vents | pni. wainscot |
| steel girder | | - Other Coverings | 5/8" garage fire code |
| postft. O.C. | WINDO | OW\$ (5) | BUILT-IN ITEMS (15) |
| stud wall | | . No. of windows | ovenrange |
| masonry | | . Wood sash | disposal |
| | | . Metal sash | hood/fan |
| Cell. jsts "O.C. | · · · · · · | . Туре | dishwasher |
| Rafters " O.C. | | egress/bedrms | refrigerator |
| Truss (diagram required) | | attic access 22° x 30° | Incinerator |
| floor sheathing | | | vanities |
| wall sheathing | Contractor Wi | III Stake 2 Adjacent Lot Lines for | cupboard length |
| vali sheathing | | on. Sketch Lot Diagram On Back. | , |
| " corner brace sheath | | | COST OF PERMIT \$ |
| Permits eventually required for | this project | | Building Dept. |
| Electrical Permit | Plumbing Permit | Mechanical Permit | Ву: |
| | | | |
| □ ves □ no | LI VES LI NO | The Aco Millo | Make checks navable to: |

LOT DIAGRAM

| operty Tax #: | · · · · · · · · · · · · · · · · · · · | | |
|--|---------------------------------------|---|--|
| Draw lot lines in feet Label street Draw existing structures Draw proposed construction | 6) 7) | Show dimensions of all buildings Show distance from all sides of buildings to all lot lines Draw lakes, streams, and wet lands within 500 feet Contractor/owner will stake 2 adjacent lot lines | |
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| | | | |
| nature of Applicant/Agent: | • | Date : | |

MAINTENANCE PERMIT CHECKLIST - (Return with Application)

| Project address/location | of proposed work; |
|--------------------------|---|
| Owner's Name: | |
| Contractor's Name: | |
| | issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by In has been enclosed with the application. |
| l. LOT | DIAGRAM on back of first page of application, structure within the property boundaries? YES NO |
| deed, | OF OF OWNERSHIP (Provide a copy of one of the following documents: tax statement, assessment notice, title insurance commitment) RECORDED DEED OR RECORDED LAND CONTRACT WILL BE JURED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-UFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97. |
| 3. PROI | PERTY TAX I.D. NUMBER |
| 4. DESC | RIPTION OF MAINTENANCE WORK PROPOSED: |
| | |
| The a | ER PERMITS EVENTUALLY NECESSARY: Electrical Mechanical Plumbing pplicant or a licensed contractor must submit separate application forms for these permits prior to commencing on that portion of the project. |
| • | RESPONSIBILITIES OF APPLICANTS |
| structural work is conce | lity of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or all discount all discount and submit separate applications for any lumbing or building permits. |
| Monday through Friday | ENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering s a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 9-629-0601. |
| Signed: | Date: |

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.