

BUILDING PERMIT APPLICATION - SPRINGFIELD TOWNSHIP, MICHIGAN

Springfield Township Building Department Operated by

CODE ENFORCEMENT SERVICES

www.cescode.com

6401 Citation Dr., Suite E, Clarkston, MI 48346

Phone # 248-625-8480 Fax # 248-625-8455

Office hours: Monday-Thursday 9:00 a.m. to 3:00 p.m. Friday: Closed

Permit # B-_____

<i>Property Location</i>	
Address: _____	
Tax ID #:	07-_____
Lot #: _____	
Subdivision: _____	
Current Zoning: _____	

<i>Property Owner</i>	
Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	Phone # _____
email: _____	

<i>Contractor Information</i>	
Name: _____	
Address: _____	
City: _____	State: Michigan
Zip: _____	Phone # _____
Contact: _____	
Contact Phone #: _____	
email: _____	

<i>License Information</i>	
License #: _____	
Expiration Date: _____	
MESC #: _____	
Fed ID #: _____	
Insurance Co.: _____	
Policy #: _____	
Expires: _____	

<i>Type of Improvement</i>	
New Building	_____
Alteration/Repair	_____ interior / exterior
Addition	_____
Demolition	_____
Roof	_____
Attached Garage	_____
Detached Garage	_____
Pole Barn	_____
Utility Bldg.	_____
Deck	_____
Mobile Home	single / double
Pool	above / below ground
Premanufacture	_____
Relocation	_____

<i>Proposed Use</i>	
Residential	_____
One Family	_____
Two/more Family	_____
Hotel/Motel	_____
Commercial	_____
Industrial	_____
Recreational	_____
Rental or other	_____

Perk #	_____
Driveway Permit #	_____
Soil Erosion #	_____
Well Permit #	_____

Size of Building	_____	Setbacks:	_____ ft. from front lot line
Roof Pitch	_____		_____ ft. from rear lot line
# of Bedrooms	_____		_____ ft. from _____ lot line
Height of Building	_____		_____ ft. from _____ lot line
# of Stories	_____	Variance required: YES NO (circle)	
Estimated Cost	\$ _____	If yes, date of approval:	_____
Estimated Total Living Area Sq. Footage: _____			
Estimated Acc. Bldg. Sq. Footage: _____			
Estimated Basement Sq. Footage (if finished) _____			

Further Description _____

