

SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion Michigan

Telephone (517) 629-2604
Fax (517) 629-8945

APPLICATION FOR BUILDING PERMIT

Payment must be made when Application is submitted.

Date:

COMMERCIAL

RESIDENTIAL

Email permit to:
(Owner / Contractor)

(Office Use) Permit No. _____

OWNER INFORMATION

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Location of Building / Construction _____

CONTRACTOR INFORMATION

(Required for all Commercial Submissions)

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Email: _____
Builders License Number: _____ Expiration Date: _____
MESC Employer Number: _____ Federal Employer ID Number: _____
Workers Comp Insurance Carrier & Number. _____ Expiration Date: _____

ARCHITECT OR ENGINEER

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Email: _____
License Number: _____ Expiration Date: _____

TYPE OF IMPROVEMENT

New Building Alteration/Addition Foundation Only Relocation Repair Mobile Home Setup Prefab Home
Sign Other (Please Describe Below)

REVIEW(S) TO BE PERFORMED

Building Plumbing Mechanical Electrical Energy

Work Being Done / Additional Information:

CHARACTERICS OF BUILDING

Dimensions: _____ Number of Stories: Floor Area: 1st & 2nd _____ 3rd & above _____ Total Sq/ft _____

Type of Frame:

Masonry/Wall Wood Frame Structural Steel Reinforced Concrete Other

Type Of Heating Fuel: Gas Oil Electric Coal Other

Type Of Sewage Disposal: Public or Private Company Septic System

Type of Water supply: Public or Private Company Private Well

Type of Mechanical: Air Conditioning Yes No

APPLICANT: Contractor

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.

Signature of Contractor:

Date:

Signature of Owner:

Date:

Rev1.2025

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BUILDING FEE SCHEDULE

APPLICATION FEE (REQUIRED FOR ALL PERMITS)	\$10.00
SINGLE INSPECTION FEE	\$65.00
ZONING PERMIT (Required For All Building Permits, Except for Roofs) <i>See Zoning Permit Application.</i>	\$50.00
ROOF & ICE GUARD	\$130.00
NEW HOME CONSTRUCTION (8 Inspections)	\$520.00
MODULAR/PREFAB HOME	\$260.00
OUTBUILDING / GARAGE	\$130.00
DECK	\$130.00
PLAN REVIEW (Commercial - Per Hour)	\$65.00

THE ABOVE ARE BASE FEES. IF THE INSPECTOR HAS TO RETURN FOR ADDITIONAL INSPECTIONS THERE WILL BE AN ADDITIONAL \$65.00 FEE FOR EACH ADDITIONAL INSPECTION.

Construction work shall not start until the application has been approved and the necessary permit issued. If work is started prior to obtaining the proper permits, add an additional \$100.00 to the permit. All construction shall be in conformance with the Building Code. No work shall be concealed until it has been inspected.

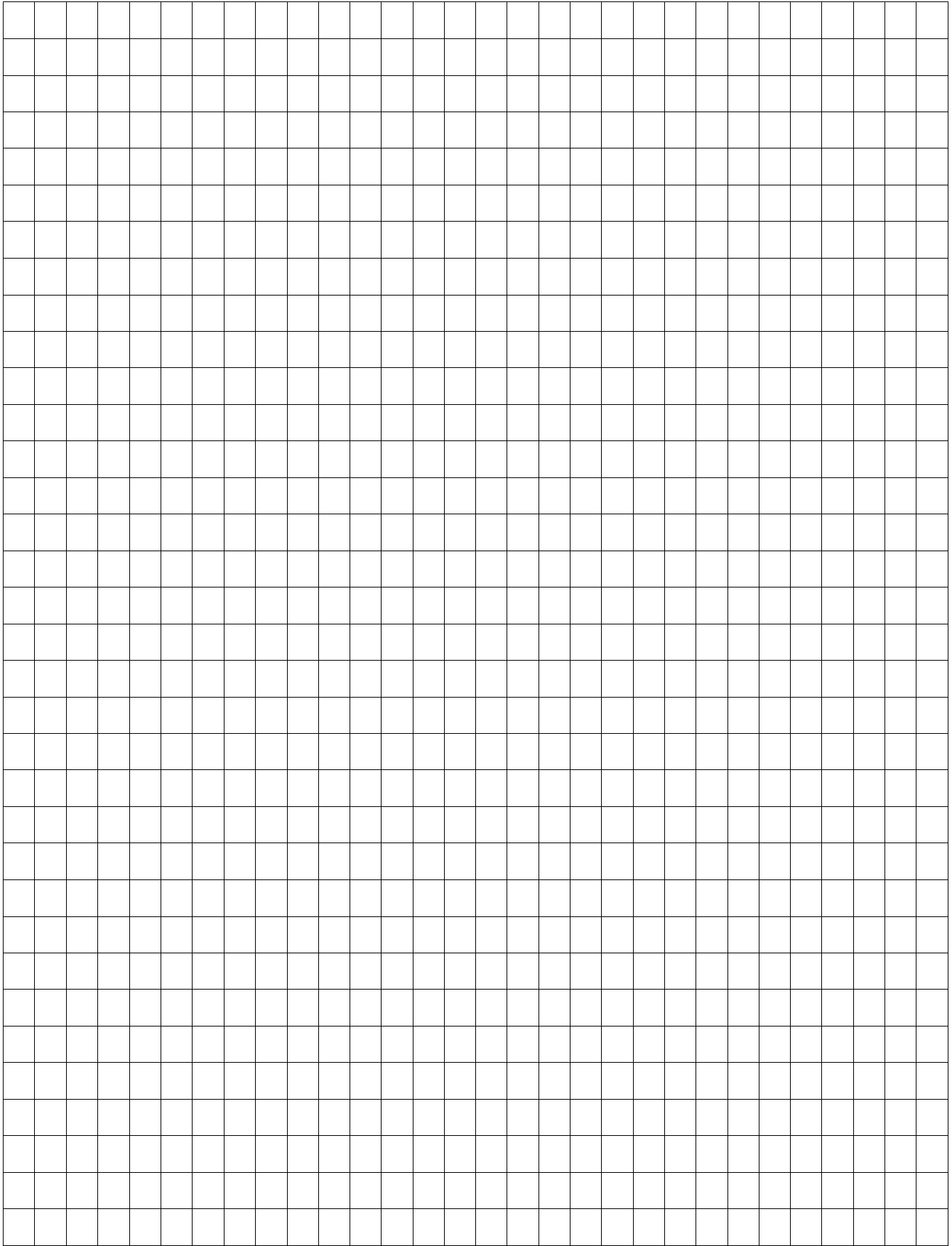
When ready for an inspection call the Building Inspector to set up a time to fit your schedule and their schedule. Provide as much advance notice as possible.

YOU MUST PROVIDE THE ADDRESS AND PERMIT NUMBER WHEN YOU CALL.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work does not commence within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF THE PREVIOUS INSPECTION. CANCELED PERMITS WILL NOT BE REFUNDED OR REINSTATED.

ALL FEES ARE PAYABLE TO SHERIDAN TOWNSHIP AT THE TIME APPLICATION IS FILED.



Indicate Direction of North Within the Circle:

