

COMMERCIAL PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for _____

(job address)

Owner's Name _____

Contractor's Name _____

Before a permit may be issued, all of the following documentation (Items 1-6) must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- ___ 1. Site Plan Approval, or other zoning approval as required.
- ___ 2. Site Plan drawing (As approved in item #1 - submitted with construction drawings)
- ___ 3. Variance Approval, if applicable
- ___ 4. 2 Sets of Sealed Drawings and Specs. (3 sets in Paw Paw Township, Village of Paw Paw, Ross Township, Charleston Township)
- ___ 5. P.A. 135 Disclosure (Licensing Information located on the Commercial Application)
- ___ 6. Plan Review (Will be conducted by this office)

The following may also be required. The applicant is responsible for obtaining the following referenced permits or waivers (Item 7-12). These must be reconciled prior to issuance of a permit.

- ___ 7. Curb or Sidewalk Cut
- ___ 8. Sign or Billboard Permit
- ___ 9. Demolition Permit
- ___ 10. Soil Erosion Control Permit (Applies when located within 500 feet of a lake, river or county drain, OR excavated area is = or > 1 acre)
- ___ 11. Storm Sewer Connection
- ___ 12. Sanitary Sewer Tap

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any plumbing, electrical, mechanical or building permits.

ASSOCIATED GOVERNMENT SERVICES OFFICE HOURS are 8:00 AM-4:30 PM, Monday through Friday. An ANSWERING DEVICE operates 24 hours a day at 1-800-627-2801 to receive requests for forms and inspections. A representative is also available at regularly scheduled hours in CITY, VILLAGE, OR TOWNSHIP HALL. HOME OFFICE is located at 240 N. Grand (U.S. 131) Schoolcraft. By MAIL at P.O. Box 662, Schoolcraft, MI 49087.

Signed _____ Date _____
(applicant signature)

* See reverse side for address and phone number of appropriate agencies.