

**BUILDING PERMIT APPLICATION
ROYALTON TOWNSHIP**

Permit No. _____
Date _____

1. DATE _____		2. SITE ADDRESS _____	
3. LEGAL DESCRIPTION/PROPERTY I.D. # SECTION _____ LOT _____ BLOCK _____ ADDITION _____ PLAT # _____ PARCEL # _____			
4. OWNER (Name) _____ (Address) _____ (Phone) _____		5. ARCHITECT (Name) _____ (Address) _____ (Phone) _____	
6. BUILDER (Name) _____ (Address) _____ (Phone) _____		7. CONTRACTOR'S LICENSE # _____	
8. TYPE OF WORK: COMMERCIAL _____ RESIDENTIAL _____ _____ Addition _____ Alterations _____ Chimney _____ Deck _____ Fence _____ Finish Attic _____ Finish Basement _____ Fireplace _____ Garage _____ Heating _____ New Construction _____ Plumbing _____ Porch _____ Residing _____ Re-roofing _____ Sign Misc. _____			
9. START DATE _____	10. COMPLETION DATE _____	11. ESTIMATED VALUE _____	
12. SIZE OF STRUCTURE (Ht.) _____ (Width) _____ (Depth) _____		13. NO. OF STORIES _____	14. PROPERTY DIMENSION (Width) _____ (Depth) _____
15. PROPOSED ELEVATION IN RELATION IN RELATION TO CURB OR WATERWAY ELEVATION _____		16. PROPERTY AREA OR ACRES _____ Sq. Ft.	
17. FRONT YARD setback from street right-of-way _____	18. REAR YARD setback _____ Ft.	19. SIDE YARD setbacks Right Side _____ Left Side _____	
20. FLOOR AREA APPORTIONMENT USE Aggregate Floor Area _____ Sq. Ft.			
SPECIAL CONDITIONS: _____			
APP. ACCEPTED BY: _____		PLANS CHECKED BY: _____	
PLANS APPROVED BY: _____		_____	
<p>THIS PERMIT BECOMES NULL & VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.</p>			
Signature of Contractor/Owner _____		Date _____	

FEES	
Permit Fee _____	Plan Check Fee _____
Penalty Fee _____	Fireplace _____
Plumbing Fee _____	Septic Fee _____
Mechanical Fee _____	Water Fee _____
Sewer Fee _____	Surcharge Fee _____
Others _____	TOTAL FEE _____
CODE ANALYSIS	
Type of Const. _____	Use of Bldg. _____
Occupancy Group _____	Zoning District _____
Variance Granted _____	Date _____
OFF STREET PARKING	
Spaces Required _____	Spaces on Plan _____
MATERIALS FILED WITH APPLICATION	
Soils Report _____	Borings _____
Percolation _____	Compaction Test _____
Plans & Specs. _____	Sets _____
Survey _____	Copies _____
Energy Calculations _____	Piling Logs _____
FIRE SPRINKLERS REQ.	
Yes _____	No _____
SPECIAL APPROVALS	
Zonings _____	Fire Dept. _____
Health Dept. _____	County _____
Other _____	CERTIFICATE OF OCCUPANCY
Date _____	By _____

COMPLETED BY THE CITY OF BRAHAM	
Amt. Paid:	_____
Check No:	_____
Money Order	_____
Cash:	_____
Date:	_____
Initial:	_____

INSPECTOR _____

DATE _____