

Effective November 1, 2017

For ALL Building projects in Burtchville Township, there must be a detailed drawing/plans for the project being done. These drawing/plans are to include measurements of all rooms, garages, outbuildings, and set-backs for the property. If these things are not included with your Building Permit Application it will not be considered for approval.

IV. TYPE OF IMPROVEMENT AND PLAN REVIEW

PERMIT # _____

A. TYPE OF IMPROVEMENT

1. New Building 2. Alteration 3. Demolition 4. Foundation Only 5. Relocation 6. Addition
 7. Repair 8. Mobile Home Set Up 9. Pre-Manufacture 10. Special Inspection 11. Sign

B. PLAN REVIEW REQUIRED

Plans and specifications are required and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

V. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

1. Single Family 2. Two Family 3. Multiple Family (3 Units or More) 4. Hotel/Motel (No. of Units _____)
 5. Attached Garage 6. Detached Garage 7. *Any Change in Use 8. Other:

B. NON-RESIDENTIAL COMMERCIAL INDUSTRIAL**C. SCOPE OF WORK / USE DESCRIPTION**

1. Scope of Work / Description of Use:

VI. SELECTED CHARACTERISTICS OF BUILDING**A. PRINCIPAL TYPE OF FRAME**

1. Masonry, Wall Bearing 2. Wood 3. Structural Steel 4. Reinforced Concrete 5. Other:

B. FOUNDATION TYPE

1. Basement 2. Crawlspace 3. Slab 4. Piers

C. PRINCIPAL TYPE OF HEATING FUEL

1. Gas 2. Oil 3. Electric 4. Geothermal 5. Heat Pump

D. TYPE OF WATER SUPPLY

1. Public 2. Well

E. TYPE OF MECHANICAL

1. Will there be: Air Conditioning? Fire Suppression? Fireplace? Type _____

F. DIMENSIONS / DATA

1. Number of Stories: _____ 2. Use Group: _____ 3. Const. Type: _____ 4. Number of Occupants: _____
 5. TOTAL BUILDING HEIGHT: _____ 6. HEIGHT PER ORDINANCE CALCULATION (*office use*): _____
 Floor Area: 1. Basement: _____ 2. 1st Floor: _____ 3. 2nd Floor: _____
 4. Size of Addition or Structure: _____ 5. Living Area (sq. ft): _____ 6. Garage Area (sq. ft): _____
 7. Office/Sales Area (sq. ft): _____ 8. Service Area (sq. ft): _____ 9. TOTAL AREA: _____
 Room Detail: 1. Number of Bedrooms: _____ 2. Number of Full Baths: _____ 3. Number of Partial Baths: _____
 Basement Detail: Full Basement Partial Basement Split Level Finished (sq. ft): _____ No Basement

— FOR OFFICE USE ONLY —

X. APPLICATION REVIEWS AND APPROVAL

A. ZONING REVIEW / APPROVAL

Use Zone:	Flood Zone & Map Panel:	Lot Area:	Lot Frontage:	Lot Depth:
ZBA/Planning Commission Hearing Date:		Hearing Comments:		
Remarks:				
<input type="checkbox"/> Rejected Date: _____		Reviewed by: _____		<input type="checkbox"/> Zoning Administrator
<input type="checkbox"/> Approved Date: _____				

B. FIRE DEPARTMENT REVIEW / APPROVAL - COMMERCIAL / INDUSTRIAL USE ONLY

Remarks:				
<input type="checkbox"/> Rejected Date: _____		Reviewed by: _____		<input type="checkbox"/> Fire Chief <input type="checkbox"/> Other: _____
<input type="checkbox"/> Approved				

C. BUILDING DEPARTMENT REVIEW / APPROVAL

Special Information / Details:				
<input type="checkbox"/> Rejected Date: _____		Reviewed by: _____		<input type="checkbox"/> Building Official
<input type="checkbox"/> Approved				

FEE DESCRIPTIONS	FEE TOTALS
Building Permit Fee	\$ _____
Zoning Review Fee	\$ _____
TOTAL DUE UPON ISSUANCE	\$ _____

ISSUE DATE:	
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AUTHORITY: P.A. 230 OF 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT NOT ISSUED

RECEIPT # _____ CREDIT CARD:
 MC VISA
 DISCOVER CASH CHECK
 CHECK NUMBER: _____