MOBILE HOME APPLICATION FOR SPARTA TOWNSHIP BUILDING PERMIT

160 E. Division St., Sparta MI 49345 Phone: (616)887-8863 Fax: (616)887-3823 www.spartatownship.org

	BUILDING INSPECTOR Steve Boluyt 616-887-8863 Wed 9 AM – 1 PM	ELECTRICAL INSP Jim Thorington 616-255-6502	PLUMBING INSP Vince Milito 616-340-1058	MECHANICAL INSP Vince Milito 616-340-1058
DATE: _			PP	# 41-05
MOBILE	HOME PARK NAME:			
BUILDIN	NG SITE ADDRESS:			
BETWE	EN WHAT CROSS STREETS:		AND	
APPLIC	ANT/CONTRACTOR:			
ADDRESS:			PHONE	::
			LICENSE #:	
EMAIL A	ADDRESS:			
OWNER	'S NAME IF DIFFERENT THA	N ABOVE:		
ADDRE	SS:			
SIGNAT	URE:		DAT	E:
		BUILDING INI	FORMATION	
LOT SIZ	2E:	-	SQUARE FOOT OF BUIL	DING:
BUILDIN	NG DIMENSIONS:	FT WIDE X	FT LONG	X FT HIGH
ESTIMA	TED VALUE: \$	TYPE OF FO	OUNDATION:	
PROJE	CT DESCRIPTION:			

* * * ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION * * * SEE BUILDING PERMIT INFORMATION CHECKLIST

Fees are deter ≻	mined as follows: Base fee - Foundation/slab	\$160
\triangleright	Mobile Home Set	\$250
	Combo – (slab/set) Mechanical, Electrical & Plumbing fees – determined by permits	\$340
	Renewal or reinspection fee	\$75

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

	Phone #
Name	
	Fax #
Address	
	Cell #

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.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Signature of Applicant

Application Date

Local governmental agency to complete this section below:

Environmental control approvals	Approved
Zoning	
Building Permit #	Approved by:
Issue Date	Signature
Permit Fee	

SPARTA TOWNSHIP BUILDING DEPARTMENT

AFFIDAVIT

In compliance with P.A. 383 of 1965 (Residential Builders, Maintenance and Alteration Contractors Law), and amendment of Section 16A, By P.A. 153 of 1967.

STATE OF MICHIGAN

COUNTY OF KENT

(Name)

(Address)

(City, State, Zip)

l, _____

(Phone#)

Hereby execute this affidavit for the attached permit testifying to a legal exemption for a license number as prescribed in the above Public Act and Amendment.

By signing this statement, I assume the following responsibilities:

- 1. The work regulated by this permit must meet zoning and building code regulations. If a violation exists, the **Holder of the Permit** must improve it to acceptable standards.
- 2. All insurance liability is assumed by the **Permit Holder**.
- 3. The responsibility for injury to workers also falls on the Permit Holder as homeowner's policies **Do Not** normally cover worker's compensation claims.
- 4. All electrical, mechanical and plumbing work done under the attached permit will be done personally by me.
- 5. The construction work covered by this permit will be for my own use or occupancy and will be located on property owned by me.

Signed: _____

Date: _____

SPARTA TOWNSHIP STATEMENT OF UNDERSTANDING

I, the undersigned, agree and understand it is my responsibility as applicant for this permit to call the township inspectors for all inspections. Final Inspections are necessary before the Certificate of Occupancy can be issued by the Township.

Failure to do so will result in a citation answerable in 63rd District Court – Grand Rapids, MI 49525. The fine for such a violation is not less than \$100 nor more than \$500 for the first offense.

PERMIT TYPE:

Building	Signature	Date	
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GENERAL CONTRACTOR: (if applicable)

Applicant Signature

(Signature)

(Print name)

Date _____