

CITY OF LESLIE
106 E. BELLEVUE ST.
PO BOX 496
LESLIE, MI 49251

APPLICATION FOR SITE PLAN EXAMINATION
(FOR NEW BUILDINGS AND ADDITIONS)

* Important: Applicant to complete all items in Section I, II, III, IV, V, VI and VII

I. LOCATION OF BUILDING

Address _____

City _____ Township _____ County _____ Zip Code _____

Between _____ and _____

II. IDENTIFICATION

A. **OWNER OR LESSEE**

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

B. **ARCHITECT OR ENGINEER**

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

License # _____ Exp. Date _____

C. **CONTRACTOR**

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Builders License # _____ Exp. Date _____

Federal Employer ID number or
Reason for exemption: _____

Workers Comp. Insurance Carrier
or Reason for exemption: _____

MESC Employer Number or
Reason for Exemption: _____

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

<input type="checkbox"/>	New Building	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Repair
<input type="checkbox"/>	Mobile Home Set-Up	<input type="checkbox"/>	Foundation Only	<input type="checkbox"/>	Premanufacture		
<input type="checkbox"/>	Relocation						

B. REVIEW(S) TO BE PERFORMED

<input type="checkbox"/>	Building	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Energy						

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL- For "wrecking" show most recent use

<input type="checkbox"/>	One Family	<input type="checkbox"/>	Two or More Family (no. of units)	<input type="checkbox"/>	Hotel, Motel (no. of units)
<input type="checkbox"/>	Attached Garage	<input type="checkbox"/>	Detached Garage	<input type="checkbox"/>	Other

B. NON-RESIDENTIAL-For "wrecking" show most recent use

<input type="checkbox"/>	Amusement	<input type="checkbox"/>	Church, Religious	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Service Station	<input type="checkbox"/>	Hospital, Institutional
<input type="checkbox"/>	Office, Bank, Professional	<input type="checkbox"/>	Public, Utility	<input type="checkbox"/>	School, Library, Educational
<input type="checkbox"/>	Store, Mercantile	<input type="checkbox"/>	Tanks, Towers	<input type="checkbox"/>	Other

NONRESIDENTIAL- Describe in detail proposed use of building, e.g.; food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

<input type="checkbox"/>	Masonry, Wall Bearing	<input type="checkbox"/>	Wood Frame	<input type="checkbox"/>	Structured Steel
<input type="checkbox"/>	Reinforced Concrete	<input type="checkbox"/>	Other		

B. PRINCIPAL TYPE OF HEATING FUEL

<input type="checkbox"/>	Gas	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Coal
<input type="checkbox"/>	Other						

C. TYPE OF SEWAGE DISPOSAL

☐ Public or Private Company ☐ Septic System

D. TYPE OF WATER SUPPLY

☐ Public or Private Company ☐ Private Well or Cistern

E. TYPE OF MECHANICAL

Will there be air conditioning? Y N Will there be an elevator? Y N

F. DIMENSIONS

Number of Stories _____

Floor Area:

1st & 2nd Floor	3rd-10th Floor	11th & Above
--------------------	-------------------	-----------------

Total Area _____ Total Land Area (square feet) _____

G. NUMBER OF OFF STREET PARKING SPACES

Enclosed _____ Outdoors _____

VI. APPLICANT INFORMATION:

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

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Federal I.D. No. / Social Security No. _____ - _____

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 nol. 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.

Fee Enclosed \$ _____

Signature of Applicant _____ Date _____

VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	Required?		Approved	Date	Number	By
A-ZONING	Y	N				
B-FIRE DISTRICT	Y	N				
C-POLLUTION CONTROL	Y	N				
D- NOISE CONTROL	Y	N				
E-SOIL EROSION	Y	N				
F-FLOOD ZONE	Y	N				
G-WATER SUPPLY	Y	N				
H-SEPTIC SYSTEM	Y	N				
I-VARIANCE GRANTED	Y	N				
J-OTHER	Y	N				

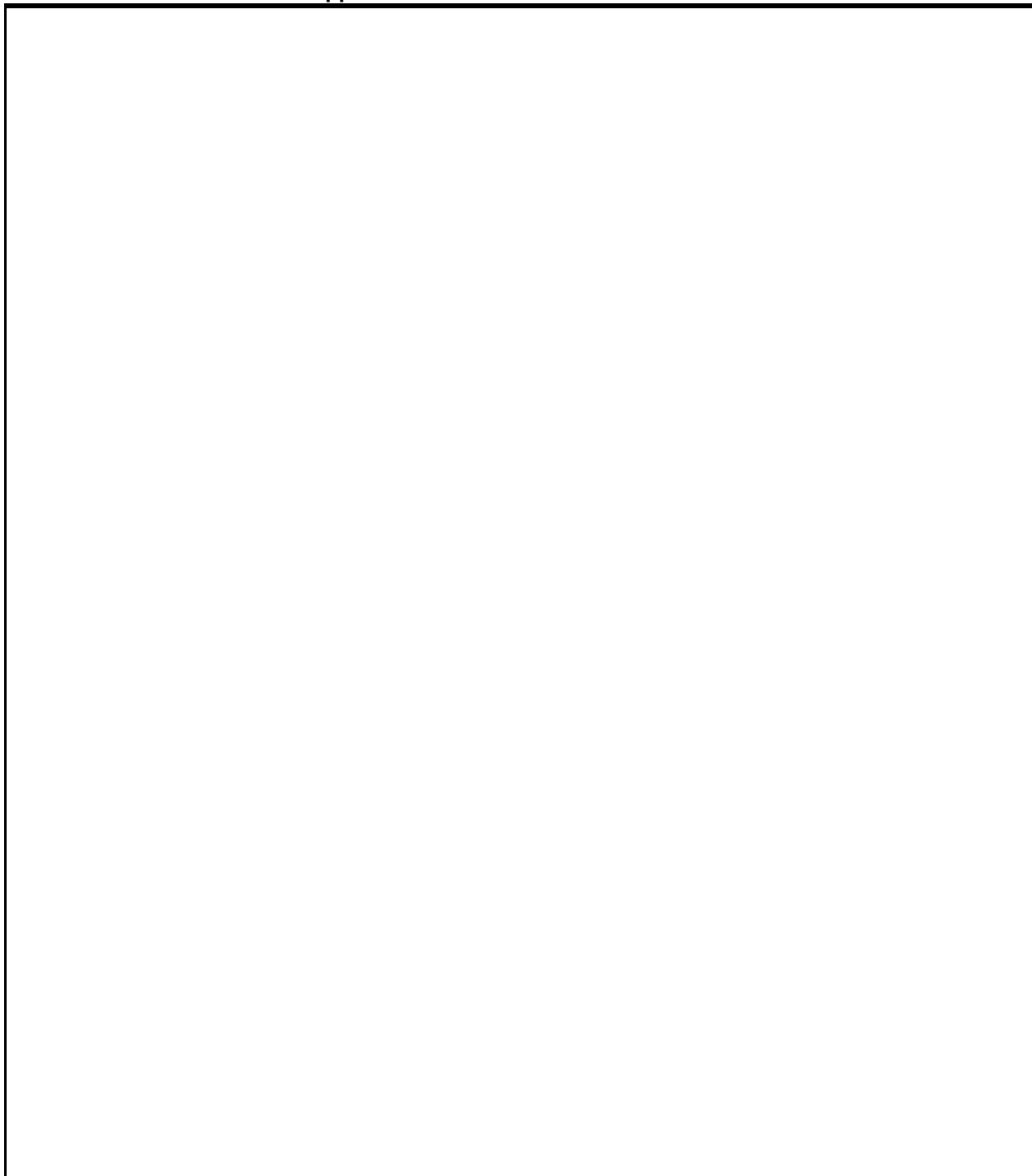
Notes and Data- For Department Use Only.

--

VII. VALIDATION

BUILDING PERMIT NUMBER	APPROVED BY:
ISSUE DATE	(SIGNATURE)
PERMIT FEE	(TITLE)

X. SITE OR PLOT PLAN- For Applicant Use

A large, empty rectangular box with a black border, intended for the applicant to draw a site or plot plan.

Indicate direction of north within the circle:

