

Building Permit Application
 CHARTER TOWNSHIP OF PORT HURON
 Building and Permits Division
 3800 Lapeer Rd, Port Huron MI 48060
 Phone: 810-987-6600
 mhernandez@porthurontownship.org

PHTB 2023

Authority: 1972 PA 230	PHT is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		CITY	ZIP CODE
Charter Township of Port Huron		Port Huron Township	48060
COUNTY	BETWEEN	AND	
St. Clair			

Applicant				
NAME			E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner or Lessee				
NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

Signature
I HEREBY CERTIFY ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY COMPLIANCE WITH MCL 125.1510(2). BY SIGNING APPLICATION ALSO GIVE PERMISSION IS HERBY GRANTED FOR INSPECTORS TO ACCESS PROPERTY FOR PORT HURON TOWNSHIP OFFICIAL BUSINESS.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, 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 subjected to civil fines.

SIGNATURE	DATE	ESTIMATED PROJECT COST
		\$ _____
CERTIFICATE OF OCCUPANCY (\$50.00 FEE) <input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING PERMIT FEE \$ _____	Plan Review Fee: _____

Validation - For Department Use Only	VALIDATION AREA
USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ APPLICATION FEE (non-refundable) \$ _____ CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ NUMBER OF INSPECTIONS _____ \$ _____ TOTAL PERMIT FEE \$ _____ APPROVAL SIGNATURE _____	

Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
E-MAIL ADDRESS:			

Type of Improvement				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> SPECIAL INSPECTION

Plan Review Required
2 sets of construction documents are required with each application for a permit.
Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.
For buildings regulated by the Michigan Building Code (Commercial), 4 sets of construction documents and a PDF copy emailed must be submitted for Plan Examination, and the Trade fee brake down, and approved before a building permit can be issued.
PHT Plan Review Number _____

Residential - Buildings Regulated by the Michigan Residential Code		
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____

Buildings Regulated by the Michigan Building Code		
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION? YES NO SCOPE OF WORK?

Type of Construction		
<input type="checkbox"/> 1A - Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B - Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A - Non Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B - Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 3A - Non Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B - Non Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 - Heavy Timber	<input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

Site or Plot Plan - For Applicant Use

Large grid area for drawing the site or plot plan.

Local Governmental Agency to Complete This Section

ENVIRONMENTAL CONTROL APPROVALS

Table with 6 columns: Agency, Required?, Approved, Date, Number, By. Rows include Zoning, Fire District, Health Department, Soil Erosion, and Flood Zone.

The specification for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. A site plan showing the dimensions and the location of the proposed building or structure and the other buildings or structures on the same premises shall be submitted.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.

General: Building work shall not be started until the application for permit has been filed with the Port Huron Township Building Division. All installations shall be in conformance with the Michigan Building Codes. No work shall be concealed until it has been inspected. When ready for an inspection, call the building dept providing as much advance notice as possible. The inspector will need the job location and permit number. Schedule permitting, an inspector will respond to an inspection request within 2 business days to schedule the inspection. The inspector will typically perform the inspection within 5 business days as his or her schedule permits.

REVIEW COMMENTS FROM BUILDING DEPARTMENT:

Horizontal lines for providing review comments from the building department.