

MAINTENANCE PERMIT (no structural changes)

Date ____/____/____

Permit # _____

LOCKE TOWNSHIP BUILDING DEPT
3805 Bell Oak Road
Williamston MI 48895
phone 517 468-3405 / fax 517 468-0105
inspections 800 627-2801 OR 269 629-0600

Job Address: _____

Property I D Number 33 04 04 ____ ____ ____

Zoning District _____

Owner: _____

Permit Determinant _____

Use Group: _____

Address: _____

Type Const: _____

Phone: home _____ work _____ cell _____ fax _____

Contractor : _____

Address _____

Phone: home _____ work _____ cell _____ fax _____

Maintenance Work Proposed:

residence accessory structure _____ other _____

Basic Dimensions _____ ft. x _____ ft.

No. Floors: _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS (11)

EXTERIOR (3)

INSULATION (9)

ROOFS (4)

____ Wood

____ Fiberglass

____ Asphalt

____ Brick

____ Blown in fb. Glass

____ Metal

____ Block

____ Foam

____ Fiberglass

CHIMNEY

____ Other

____ Other

____ Brick

INTERIOR (13)

WINDOWS

____ Block

____ Drywall

____ No. of Windows

____ Stone

____ Other

____ Wood sash

____ Metal

____ Metal sash

SIDING

____ Aluminum

____ Brick

____ Vinyl

____ Wood

COST OF PERMIT \$0

Building Dept.

By: _____

MAINTENANCE PERMIT CHECKLIST - Return with Application

Project address/location of proposed work: _____

Owner's Name: _____

Contractor's Name: _____

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

____ 1. LOT DIAGRAM
Is the structure within the property boundaries? yes no

____ 2. PROOF OF OWNERSHIP
 deed tax statement assessment notice

____ 3. PROPERTY TAX I. D. NUMBER

____ 4. DESCRIPTION OF MAINTENANCE WORK PROPOSED:

____ 5. OTHER PERMITS EVENTUALLY NECESSARY
 Electrical Mechanical Plumbing
The applicant or a licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

BUILDING DEPARTMENT:

Associated Government Services Inc
8721 Gull Road, Suite B
Richland MI 49083
Office hours: Mon-Fri 8am-noon & 1:30-4:30pm
Phone: 1 800 627-2801 (toll free)
269 629-0600 / fax 269 629-0601

Locke Township
3805 Bell Oak Road
Williamston MI 48895
Tu & Th 10am - 4pm
phone 517 468-3405
fax 517 468-0105

A voicemail system operated 24 hours a day to receive requests for forms and inspections.

Signed: _____

Date _____

PLEASE CALL SHOULD YOU REQUIRE FURTHER
ASSISTANCE IN COMPLETING APPLICATION

