

APPLICATION FOR BUILDING PERMIT AND PLAN REVIEW

Vienna Township

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	3400 W Vienna Rd Clio, MI 48420 Phone:(810) 686-7676 Fax: (810) 686-8856
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THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1, 11, 111, 1V, V AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

I. PROJECT INFORMATION – JOB LOCATION: <input type="checkbox"/> VIENNA TWP <input type="checkbox"/> CITY OF CLIO			
PROJECT NAME		ADDRESS	
CITY	TOWNSHIP VIENNA	COUNTY GENESEEE	ZIP

COST OF PROJECTED PROJECT: \$ _____

II. IDENTIFICATION			
A. OWNER			
NAME		ADDRESS	
CITY	STATE MICHIGAN	ZIP	TELEPHONE NUMBER
EMAIL			
B. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER
LICENSE NUMBER		EXPIRATION DATE	
EMAIL			

III. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER
BUILDERS LICENSE NUMBER	EXPIRATION DATE	FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
EMAIL			

IV. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<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
B. REVIEWS TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

