

# KAWKAWLIN TOWNSHIP

1836 E. Parish Rd., Kawkawlin, MI 48631

PH (989) 686-8710 FAX (989) 686-0895

## BUILDING PERMIT

All Contractors Must Register With the Township

Applicant to complete numbered spaces only.

1. JOB ADDRESS												
2. OWNER								PHONE				
3. OWNER'S MAILING ADDRESS												
4. CONTRACTOR								PHONE		LICENSE NO.		
5. CONTRACTOR'S MAILING ADDRESS												
6. ARCHITECT OR DESIGNER				MAILING ADDRESS				PHONE		LICENSE NO.		
7. ENGINEER				MAILING ADDRESS				PHONE		LICENSE NO.		
8. USE OF BUILDING						9. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR						
10. DESCRIBE WORK:						11. VALUATION OF WORK: \$						
12. CHANGE OF USE FROM												
CHANGE OF USE TO												
						KNOX BOX FEE			CHECK #			
<b>CONTRACTOR</b>						PLAN CHECK FEE			PERMIT FEE			
NAME				PHONE NO.		TYPE OF CONST.		OCCUPANCY GROUP		DIVISION		
ADDRESS						SIZE OF BLDG. (TOTAL SQ. FT.)		NO. OF STORIES		MAX OCC. LOAD		
CITY			STATE	ZIP CODE		FIRE ZONE		USE ZONE		FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
BUILDERS LICENSE NO.			EXPIRATION DATE			NO. OF DWELLING UNITS		OFF STREET PARKING SPACES COVERED                      UNCOVERED				
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION								SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION								ZONING				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION								HEALTH DEPT.				
								FIRE DEPT.				
								SOIL REPORT				
								ENGINEERING				
								WATER				
								CROSS CONNECTION				
								SOIL EROSION				
								OTHER (SPECIFY)				
								PLANNING COMM.				
SIGNATURE OF OWNER (IF OWNER BUILDER)						DATE						

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

"Section 23a of the state construction code act 1972, Act No. 230 of 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 perform work on residential building or a residential structure. Violators of section 23a are subjected to civil fines."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTOR OR AUTHORIZED REP.

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION    CK.    M.O.    CASH                      PERMIT VALIDATION    CK.    M.O.    CASH

WHITE - Inspector

YELLOW - Applicant

BLUE - Assessor

# Kawkawlin Township Fire Rescue

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1836 E. Parish Rd. Kawkawlin Mi. 48631

(989) 686-1120 Fax (989) 686 0895

[kawkawlinfire@gmail.com](mailto:kawkawlinfire@gmail.com)

J.M. Burke jr. Chief

Steve Bernreuter Captain

K.R. Nitschke Fire Marshal

Nick Sequin Lieutenant

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## Kawkawlin Township Fire Department

### Application for Fire Safety Plan Review

To assure Safety for our Businesses, homeowners, and responders.

#### **Residential Requirements:**

Site Plans to review roadway/driveway access for Emergency Vehicles for fire response and preplanning

Blueprints for stored power batteries

Blueprints for solar panels

All plans may be paper or emailed to [kawkawlinfire@gmail.com](mailto:kawkawlinfire@gmail.com)

#### **For all other occupancies, Business and Commercial applications:**

Also, to include Fire suppression systems, Fire Alarm systems. Stored power and solar applications.

One set of electronic blueprints emailed to [kawkawlinfire@gmail.com](mailto:kawkawlinfire@gmail.com)

For plans review and permitting.

**Currently no fees for any services for this process.**

#### **Project Information:**

Application Date: \_\_\_\_\_

Business or Homeowner's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

ProjectDescription: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Information (if Applicable):

Contractor Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Architect/Engineer (if Applicable)

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Project type:**

Residential 1&2 Family \_\_\_ Residential Multi Family \_\_\_ Assembly \_\_\_ Business \_\_\_ Educational \_\_\_

Factory Industrial \_\_\_ Hazardous \_\_\_ Institutional \_\_\_ Mercantile Retail \_\_\_ Storage/Warehouse \_\_\_

Utility/ Miscellaneous \_\_\_

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**For KawKawlin Fire Rescue Use:**

Received By: \_\_\_\_\_