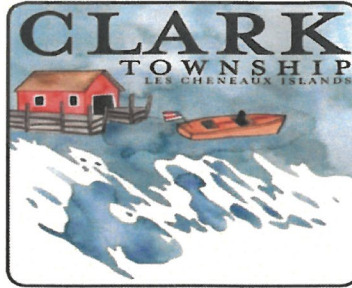


# CLARK TOWNSHIP

207 N. BLIND LINE ROAD  
P.O. Box 367  
CEDARVILLE, MI 49719  
PHONE (906) 484-2672  
FAX (906) 484-3199



MARK G. CLYMER, SUPERVISOR  
LINDA SHERLUND, CLERK  
LISA FITZGERALD, TREASURER  
SANDI FISHER, TRUSTEE  
MARK MERCHBERGER, TRUSTEE

## NOTICE TO APPLICANT

**Any construction started without an approved Land Use and Building Permit will result in a stop work order until proper permits are obtained.**

**NOTE – AN APPROVED LAND USE PERMIT APPLICATION IS REQUIRED PRIOR TO SUBMITTING A BUILDING PERMIT APPLICATION.**

The attached application is NOT A PERMIT. It is the application subject to approval by the Clark Township Building Inspector / Plan Reviewer

To Obtain a Building Permit – you must submit complete plans, layouts of all floors, and garage, with dimensions, location of windows, doors, rooms, basement/crawlspace, beams, stairs, etc.

Cost of Improvement: \$ \_\_\_\_\_

- Electrical: \$ \_\_\_\_\_
- Plumbing: \$ \_\_\_\_\_
- Heating / Air conditioning: \$ \_\_\_\_\_
- Other (elevator, etc.): \$ \_\_\_\_\_

The issuance of a building permit only signifies approval by Clark Township for the applicant to construct the structure described.

The applicant remains obligated to comply fully with all federal, state and local laws and regulation that pertain to all aspects of the construction and development of the property described on the application.

**Upon Building Permit application approval:**

- **The Land Use Permit and the Building Permit are to be onsite prior to the start of any construction.**
- **Building Inspector shall be notified 48 hours in advance of:**
  - **Pouring footings**
  - **Doing foundation**
  - **Rough in completion**
  - **Final (before Occupancy)**

**BUILDING PERMIT FEE SCHEDULE ADDENDUM**

**SPECIAL SITE INSPECTIONS**

**The Inspector can be available by appointment at times outside of office hours for Special Site Inspections as circumstances permit. The inspection charge will be twice the standard rate, and the applicant will be responsible for the Inspector's round trip mileage from his home to the site at the current rate specified by the IRS.**

**"AFTER THE FACT FEES" FOR PERMITS**

**Any project started prior to receiving the proper approvals and permits, fees will be DOUBLED for work that has already been started. Work not meeting requirements and approvals will be denied, and remediation will be at the expense of the property owner.**

**"After the fact" fees will TRIPLE for Habitual offenders with a history of starting project without proper permits**

## **IF YOUR APPLICATION GET'S DENIED**

**If the Zoning Officer/Building Inspector denies your request for a permit, you may appeal the decision to either the Planning Commission or the Zoning Board of Appeals or the Building Board of Appeals. To help expedite the process, please include the following:**

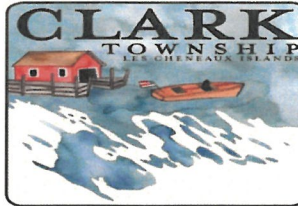
- **Your permit that was denied**
- **Signed Correspondence stating your basis for the appeal**
- **A Site plan (a hearing will not be scheduled without a site plan)**
- **If you are unable to attend the hearing, a letter authorizing a representative should be supplied.**

**When an appeal is submitted, we must post a public notice in the St. Ignace News AT LEAST 15 days prior to the meeting (per the Michigan Zoning Enabling Act, Act 11 of 2006) of either the Planning Commission or the Zoning Board of Appeals. The Planning Commission meets on the second Tuesday of each month and the Zoning Board of Appeals will meet on the fourth Tuesday of the month if they have a case to determine.**

**Thank you for your cooperation.**

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**Make Check Payable to: CLARK TOWNSHIP**

906-484-2672

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

Permit # \_\_\_\_\_

AUTHORITY COMPLETION PENALTY: P.A. 230 ACT OF 1972 AMENDED Mandatory to obtain permit: application must be completed, signed and proper fee enclosed, or permit will not be issued	The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.
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**APPLICANT TO COMPLETE ALL ITEMS**

**NOTE: SEPERATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION FOR PLUMBING, ELECTRICAL AND MECHANICAL WORK PERMITS**

I. LOCATION OF BUILDING		
Address: _____		Property ID number: _____
Township: _____	County: _____	Zip Code: _____

II. IDENTIFICATION		
A. Owner or Lessee:		
Name: _____		Telephone #: _____
Address: _____	City: _____	State: _____ Zip: _____

B. Architect or Engineer		
Name: _____		Telephone #: _____
Address: _____	City: _____	State: _____ Zip: _____
License #: _____	Expiration date: _____	

B. Contractor		
Name: _____		Telephone #: _____
Address: _____	City: _____	State: _____ Zip: _____
Builders License #: _____	Expiration date: _____	

III. TYPE OF IMPROVEMENT AND PLAN REVIEW	
<b>Type of Improvement being made</b>	
New Building _____	Wrecking _____
Alternation _____	Mobile Home Setup _____
Addition _____	Repair _____
<b>B. Reviews to be performed</b>	
Building <input type="checkbox"/>	Other <input type="checkbox"/>

**IV. SELECTED CHARACTERISTICS OF BUILDING**

Principal type of frame			
Masonry _____	Structural Steel _____	Other _____	
Wood Frame _____	Reinfor. Concrete _____	_____	
	Wall Bearing _____	_____	
Principal type of heating fuel			
Gas _____	Electricity _____	Other _____	
Oil _____	Coal _____	_____	
Type of Sewage System		Type of Water Supply	
Public or Private _____	Septic System _____	Public or Private Company _____	Private Well or Cistern _____
Type of Mechanical			
Air Conditioning	Yes _____ No _____	Elevator	Yes _____ No _____
Dimensions		Number of off street parking spaces	
TOTAL LAND (sq. ft.) _____	Floor Area: 1st & 2nd floors: _____	Enclosed _____	Outdoors: _____
Number of Stories _____	3rd - 10th floors: _____	Notes: _____	
	11th and up floors: _____		
	Total area _____		

**V. APPLICANT INFORMATION**

<b>Applicant is responsible for the payment of all fees and charges of this application and must provide the following information.</b>			
Name: _____		Telephone #: _____	
Address: _____	City: _____	State: _____	Zip: _____
<p>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/her 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.</p>			
<p>Section 23A of the State Construction Code Act of 1972, Act no. 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 person(s) who are to perform on a residential building or in a residential structure. Violators of Section 23A are subject to civil fines.</p>			
Signature of Applicant: _____		Date: _____	

RESIDENTIAL FEE SCHEDULE					
DETACHED SINGLE FAMILY RESIDENCE		Base fee +	Number of Square Feet	X	= Fee per Item
House	(4) Inspections	\$ 100.00		\$ 0.15	
Modular Home	(3) Inspections	\$ 150.00	N/A	N/A	
Additions	(4) Inspections	\$ 100.00		\$ 0.15	
Enclosed Porch	(3) Inspections	\$ 75.00		\$ 0.10	
Detached garage, boat house or storage building	(2) Inspections	\$ 50.00		\$ 0.10	
Decks up to 60 sq. ft.	(1) Inspection	\$ 25.00	N/A	N/A	
Decks larger than 60 sq. ft.	(2) Inspections	\$ 50.00		\$ 0.05	
Car port, boat storage, covered porch or pole building	(2) Inspections	\$ 50.00		\$ 0.05	
Remodeling	(2) Inspections	\$ 50.00		\$ 0.10	
Mobile home or sectional	(2) Inspections	\$ 100.00	N/A	N/A	

PLAN REVIEW: SINGLE FAMILY RESIDENTIAL				
	Value of Construction	X	(minimum)	= Fee
Residence	\$	0.0015	\$ 100.00	
Accessory Building(s)	\$	0.00095	\$ 50.00	
Permit Administration Fee				\$ 100.00
Residential Building Permit Grand Total				\$

COMMERCIAL FEE SCHEDULE					
COMMERCIAL FEE SCHEDULE		Base Fee +	Number of Square Feet	X	= Fee per item
Commercial Building	(5) Inspections	\$ 125.00		\$ 0.15	
Remodeling	(4) Inspections	\$ 100.00		\$ 0.10	
Special or Additional Inspections	# of Additional Inspections			\$ 25.00	

PLAN REVIEW: COMMERCIAL BUILDING				
	Value of Construction	X	+ Base Fee	= Fee
Value up to \$500,000	\$	0.0015	\$ 300.00	
Value more than \$500,000	\$	0.00015	\$ 750.00	
Permit Administration Fee				\$ 200.00
Commerical Building Permit Grand Total				\$

**VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

Environmental Controls Approvals						
	Required (circle one)		Approved	Date	Number	By
A. Zoning	Yes	No				
B. Fire District	Yes	No				
C. Pollution Control	Yes	No				
D. Noise Control	Yes	No				
E. Soil Erosion	Yes	No				
F. Flood Zone	Yes	No				
G. Water Supply	Yes	No				
H. Septic System	Yes	No				
I. Variance Granted	Yes	No				
J. Other	Yes	No				

**VII. VALIDATION --FOR DEPARTMENT USE ONLY**

Notes and Data:

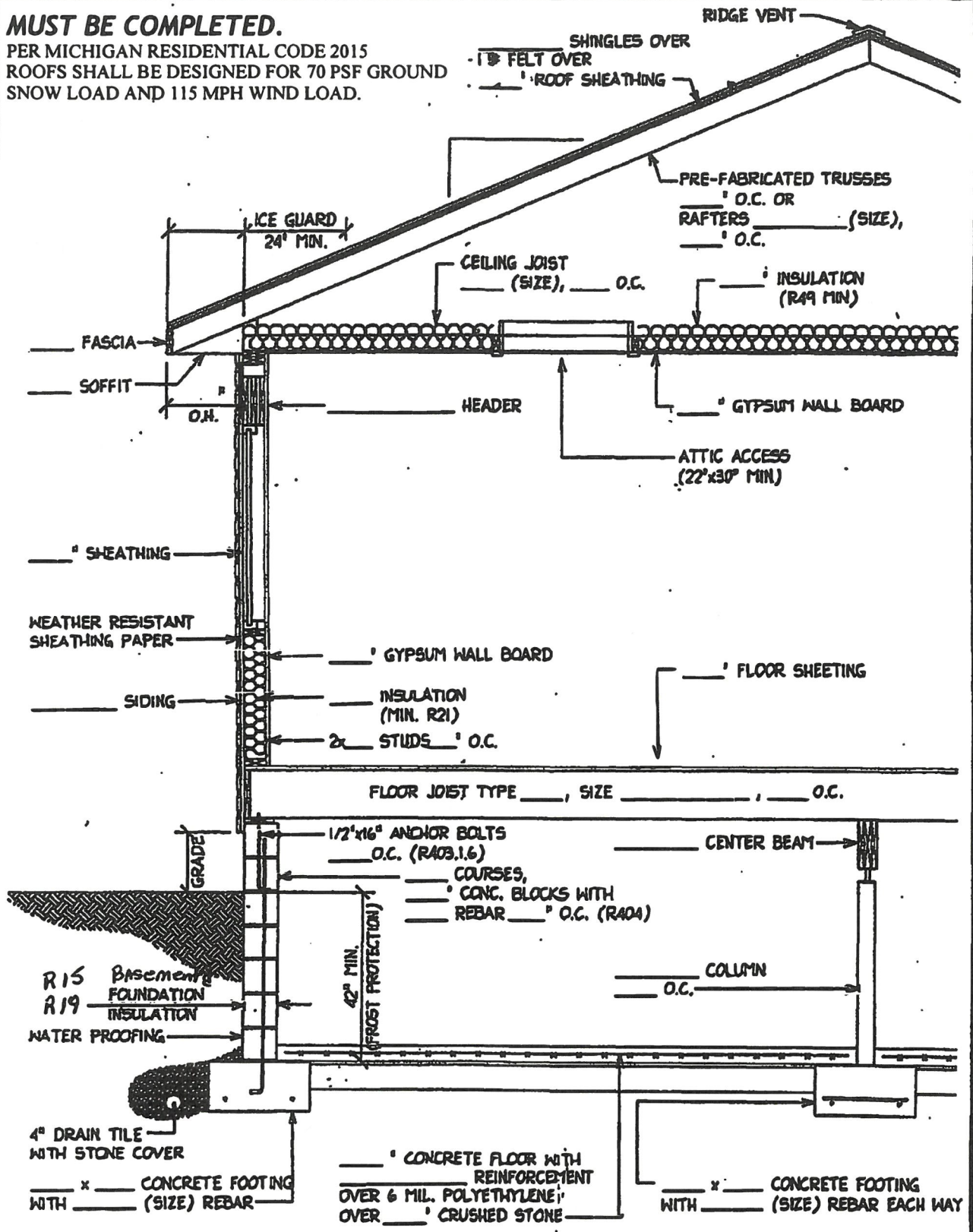
<b>Building Permit Number:</b>		<b>Approval Signature:</b>	
<b>Issue Date:</b>			<b>Clark Township Building Inspector</b>
<b>Permit Fee:</b>			

Other Documents May Be Required

Fees effective as of February 26, 2024

**MUST BE COMPLETED.**

PER MICHIGAN RESIDENTIAL CODE 2015  
ROOFS SHALL BE DESIGNED FOR 70 PSF GROUND  
SNOW LOAD AND 115 MPH WIND LOAD.



# of crawlspace vents: \_\_\_\_\_  
 Bedroom window: Height from floor: \_\_\_\_\_  
 Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Smoke Detector is MANDATORY - Brand: \_\_\_\_\_

NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:  
 \_\_\_\_\_  
 \_\_\_\_\_