

Code Enforcement Services
6401 Citation Dr., Suite E
Clarkston, MI 48346

OFFICE HOURS: 9:00 AM-3:00 PM
Monday - Thursday
PHONE: (248)625-8480
Fax: (248)625-8455

BUILDING PERMIT # _____

APPLICATION DATE _____

SPRINGFIELD TOWNSHIP
APPLICATION FOR BUILDING PERMIT

Electrical, Mechanical and Plumbing Permits may also be required

TYPE OF PERMIT: (CIRCLE ONE) HOMEOWNERS PERMIT CONTRACTORS PERMIT

*****ALL CHECKS MUST BE MADE PAYABLE TO CHARTER TOWNSHIP OF
SPRINGFIELD*****

1. Owner _____ Property Address _____
2. Sidwell # _____ Lot # _____ Corner or Inner _____ Zoning _____
3. Owner address _____ Owner Phone _____
4. Lot size _____ Structure located on _____ side of road/ Acreage _____
5. Closest Cross Roads _____ / _____ Subdivision _____
6. Permit for: a. () New Building b. () Addition c. () Remodel d. () Accessory Building
e. () Demo f. () Mobile Home Set-up: Single/Double g. () Foundation Only h. () deck
i. () Premanufacture j. () Relocation k. () Pool Above/Inground l. () other _____
7. Perk# _____ Driveway Permit # _____ Soil Erosion Permit # _____
8. Well Permit # _____ Foundation Material _____ Heating _____
9. Size of Building _____ Roof pitch _____ Number of bedrooms _____
(Front) (Depth)
10. Height of Building _____ Number of Stories _____ Building Use _____
11. Estimated Cost _____ By Inspector _____
12. Setback: _____ feet from front lot line; _____ feet from rear lot line;
_____ feet from _____ lot line; _____ feet from _____ lot line;
13. Variance: (circle one) yes no Date of approval _____
14. Square footage _____ Square footage _____
(Living area - not basement (Accessory Building)
or usable area if not dwelling) Garage, shed, etc.
15. Electrical Contractor _____
16. Plumbing Contractor _____
17. Mechanical Contractor _____

****ADDITIONAL INFORMATION REQUIRED ON BACK OF PERMIT****
REINSPECTIONS \$40.00 PAYABLE PRIOR TO ANY REINSPECTION BEING PERFORMED