Commercial Building Permit Submittal Punch List
All applicants submitting for a commercial permit must submit the following

| Approved site plan |
|---|
| Soil Erosion permit or waiver |
| Approved septic permit from OCHD or an approval from the Township Sewer Director |
| Approved well permit from OCHD or water hook up through the Township Water Director |
| Third party inspections list including names, addresses and phone numbers of the third party inspectors. Concrete Steel (fabricator, welding, high strength bolts) Soils Masonry walls Under slab compaction and re-enforcement Pile foundations Pier foundations Wood Construction |
| Fire Suppression submittals |
| Fire Alarm submittals |
| Property owner's name, address and phone number |
| Architect and Engineers names, addresses and phone numbers |
| Contractor's name, address and phone number |
| Name, address and phone number of the Designated Design Professional's in charge of the project |
| Name, address and phone number of the contact person in charge of project |
| Completed building permit application with 3-sets of complete construction plans |
| Fire Department certificate of occupancy permit |
| Letter of compliance completed for the Planning Department, Sewer Department, Wate Department, Fire Department and Police Department |
| Additional permits are required for; |



WHITE LAKE TOWNSHIP APPLICATION FOR COMMERCIAL BUILDING PERMIT

OFFICE USE ONLY DATE OF APPLICATION PERMIT

The undersigned hereby applies for a permit to construct commercial structure according to the provisions of White Lake Township Ordinances 58 and 93. This application must be filled out completely and returned to the White Lake Building Department, along will the following statements: COMMERCIAL PLANS SHALL HAVE SEAL OF REGISTERED ARCHITECT/ENGINEER C OF O MUST BE OBTAINED BEFORE OCCUPANCY 3 COMPLETE SETS OF PLANS, INCLUDING SITE PLANS SHOWING SUFFICIENT DETAIL DRAWN TO SCALE ARE REQUIRED FOR PERMIT CONSIDERATION.

| l. | Address of new construction: |
|-----|---|
| 2. | Permit For: |
| 3. | Zoning District:4. Sidwell#:5. Use Group: |
| 6. | Construction Type:7. Building Height:8. Total Building Sq. Ft.: |
| 9 | Building Sq. Ft. by Level: Bsmt 1st Level 2nd Level 3rd Level |
| 10. | Building will be used for: |
| 11. | Estimated Cost of Construction: |
| 12. | Applicant's Name: |
| | Address: |
| | Phone: |
| | Signature: |
| 13. | Registered Design Professional in Charge: |
| | Address: |
| | Phone: |
| | State of Mighigan License # |
| | Signature: |
| OI | FICE USE ONLY: |
| Pla | Review Fee: Fire Prevention Plan Review Fee: |
| | nit Fee:TOTAL FEES DUE: |
| Ap | proved By: Date: |

| Date: | Project: | | | |
|----------------------------|--------------------------|---------|------------|---|
| Applicant's Name: | | | | |
| Applicant's Phone Numbe | r; | | | |
| Address of Proposed Proje | ct: | | | |
| Parcel No.: | | | | |
| | | | | |
| To be completed by: W | hite Lake Townshi | p Water | Department | t |
| Water Department inspect | tions are completed and: | | | |
| Approved | Approved w/ Conditions | | Denied | |
| | | | | |
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| Water Department Signature | : | | | |
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| ADDITIONAL COMMEN | NTS: | | | |
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| * Return to Building Depa | urtment* | | | |

| Date: | Project: | | | |
|-----------------------------|------------------------|---------|------------|--|
| Applicant's Name: | | | | |
| Applicant's Phone Number: | | | | |
| Address of Proposed Projec | t: | | | |
| Parcel No.: | | | | |
| | | | | |
| To be completed by: W | hite Lake Townshi | p Sewer | Department | |
| Sewer Department inspecti | ons are completed and: | | | PW CLASS |
| Approved | Approved w/ Conditions | | Denied | |
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| Cayran Danastmant Signatura | | | | A POWER PROPERTY OF THE PARTY O |
| Sewer Department Signature: | | | | |
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| Date: | Project: | | | |
|-----------------------------|------------------------|------------|-----------|---|
| Applicant's Name: | | | | |
| Applicant's Phone Number: | | | | |
| Address of Proposed Projec | t: | | | |
| Parcel No.: | | | | |
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| To be completed by: WI | hite Lake Townsh | ip Fire Do | epartment | |
| Fire Department inspections | s are completed and: | | | |
| Approved | Approved w/ Conditions | | Denied | |
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| Fire Department Signature: | | | | - |
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| ADDITIONAL COMMEN | ΓS: | | | |
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| * Return to Building Depart | ment* | | | |
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WHITE LAKE TOWNSHIP – BUILDING DEPARTMENT

Letter of Compliance Regarding Commercial Construction

The White Lake Township Building Department has received plans and an application has been many

| Date: | lease advise as to any outstanding site plan issues. Please respond as soon as possibl Project: | |
|----------------|--|---|
| Applicant's Na | me: | |
| Applicant's Ph | one Number: | |
| Address of Pro | oosed Project: | |
| Parcel No.: | | |
| | | |
| To be comple | ted by: White Lake Township Planning Department | |
| Planning Dep | artment inspections are completed and: | |
| ☐ Site pla | an requirements are <u>NOT</u> approved. Do not issue Building permits | |
| Site pla | an requirements are <u>APPROVED</u> . Approval to issue Building permits. | |
| | | |
| 1 <u></u> | | |
| Planning Depar | tment Signature: | |
| Planning Depar | tment Signature: | |
| Planning Depar | tment Signature: | • |
| | tment Signature: L COMMENTS: | _ |
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| Date: | Project: | | | |
|------------------------------|--|---|--|--|
| Applicant's Name: | | | | |
| Applicant's Phone Number: | | | | |
| Address of Proposed Project | t: | entertale en en energy (la professor | ggante distribuit de la commentant de la c | |
| Parcel No.: | elle elle elle elle elle elle elle ell | <u> 18 antonio en esperante de la conse</u> | | |
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| To be completed by: W | hite Lake Townshi | p Police I | Department | |
| Police Department inspecti | ons are completed and: | | | No. of the state o |
| Approved | Approved w/ Conditions | | Denied | |
| Police Department Signature: | | | | |
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| ADDITIONAL COMMEN | TS: | | | |
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| * Return to Building Depar | tment* | | | |
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Fire Department

Charter Township White Lake

Office Hours M-F 8-4

7420 Highland Road, White Lake, MI 48383-2856 - Tel (248) 698-3335 - Fax (248) 698-8982

INSPECTION APPLICATION

Chief A. J. Mattese

| Date: | And the state of t | |
|------------|--|----------------------|
| Applicant: | Clearly print legal name. | |
| | | |
| | Contact #: | |
| Address: | | · · · · · · · · · |
| | Clearly print address of property to be inspected. | • |
| | | |
| | | |
| • | | |
| FOR OFFICE | TIGE ONLY | |
| POR OFFICE | OSE ONL! | |
| Туре | of Inspection Requested: | |
| Inspec | ction Fee Amount: \$ Collected by: on/_ | _/ |
| Liquo | or License: | |
| A. B. | Inspection and Re-Inspection | \$135.00 \$ 90.00 |
| Certif | ficate of Occupancy: | , |
| A. B. | Inspection and Re-Inspection | \$135.00 \$ 90.00 |
| Witne | essed Fire Protection System Acceptance Test Fee: | \$135.00 |
| A. B. | Off HourRe-Inspection | \$200.00 \$ 90.00 |