



1401 W. HERBISON ROAD  
DEWITT, MICHIGAN 48820

## **BUILDING PROJECT SPECIFICATION SHEET**

**DEWITT TOWNSHIP BUILDING DEPARTMENT**  
**DIRECT NUMBER: (517) 668-0278**  
**FAX NUMBER: (517) 669-6496**  
**www.dewitttownship.org**

Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Property Tax Number: \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Number of Floors: \_\_\_\_\_

Number of full bathrooms: _____	Number of half bathrooms: _____	Number of bedrooms: _____
_____ Sq. Ft. Main floor	_____ Number of gas fireplaces	_____ Number of wood fireplaces
_____ Sq. Ft. 2nd floor	_____ Sq. Ft. - Covered porches	_____ Number of factory chimneys
_____ Sq. Ft. Finished bsmt.	_____ Sq. Ft. - Enclosed porches	_____ Central air
_____ Sq. Ft. Unfinished bsmt.	_____ Sq. Ft. - Wood decks	_____ Ceiling hts. of main living area
_____ Sq. Ft. Attached garage	_____ Sq. Ft. - Unattached stor. blds.	_____ Ceiling hts. of bsmt. living area

**PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:**

FOUNDATIONS:	INSULATION:	CHIMNEY TYPE:
<input type="checkbox"/> Ftgs. _____" x _____"	<input type="checkbox"/> _____" Fiber glass	<input type="checkbox"/> ___ Brick
<input type="checkbox"/> _____" Below finished grade	<input type="checkbox"/> _____" Cellulose	<input type="checkbox"/> ___ Block
<input type="checkbox"/> ___ No. of post footings _____" x _____"	<input type="checkbox"/> _____" Blown-in fiber glass	<input type="checkbox"/> ___ Stone
<input type="checkbox"/> Poured walls	<input type="checkbox"/> _____" Foam	<input type="checkbox"/> ___ Metal
<input type="checkbox"/> Hollow concrete block	<input type="checkbox"/> _____" Other _____ Type	
<input type="checkbox"/> Wood foundation	<input type="checkbox"/> _____" Rigid polyurethane	
<input type="checkbox"/> Foundation height in ft. _____ and inches _____	<input type="checkbox"/> _____" Rigid styrofoam	
<input type="checkbox"/> Crawl space height in ft. _____ and inches _____	<input type="checkbox"/> _____" Insulated sheathing	
<input type="checkbox"/> Bsm. egress window sill height _____ inches	<input type="checkbox"/> _____ Ty-vek or other _____	
<input type="checkbox"/> _____ Number of basement windows	<input type="checkbox"/> _____ (mil) Vapor barrier	
<input type="checkbox"/> _____ ft. <sup>2</sup> Area of crawl space vent openings		

ROUGH FRAMING:	ROOFS:	BUILT-INS:
<input type="checkbox"/> Treated sill plates _____" x _____"	<input type="checkbox"/> _____ Hip	<input type="checkbox"/> ___ Oven
<input type="checkbox"/> Wall plates _____" x _____"	<input type="checkbox"/> _____ Gable	<input type="checkbox"/> ___ Range
<input type="checkbox"/> Headers _____ Size and/or Type	<input type="checkbox"/> _____ Gambrel	<input type="checkbox"/> ___ Disposal
<input type="checkbox"/> Wood girder or <input type="checkbox"/> Steel girder	<input type="checkbox"/> _____ Overhangs	<input type="checkbox"/> ___ Microwave
<input type="checkbox"/> Steel columns _____ ft. on center	<input type="checkbox"/> _____ Eave troughs	<input type="checkbox"/> ___ Hood/fan
<input type="checkbox"/> Stud walls _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Asphalt shingles	<input type="checkbox"/> ___ Dishwasher
<input type="checkbox"/> Floor joists _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Fiber glass shingles	<input type="checkbox"/> ___ Refrigerator
<input type="checkbox"/> I - joists	<input type="checkbox"/> _____ Tiles	<input type="checkbox"/> ___ Incinerator
<input type="checkbox"/> Ceiling joists _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Metal roofing	<input type="checkbox"/> ___ Vanities
<input type="checkbox"/> Rafters _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Cedar shingles	<input type="checkbox"/> ___ Book case _____ Ft. x _____ Ft.
<input type="checkbox"/> Engineered trusses (diagrams required in field)	<input type="checkbox"/> _____ Number of roof vents	<input type="checkbox"/> ___ Sound system
<input type="checkbox"/> Wall sheathing-thickness in _____ inches	<input type="checkbox"/> _____ Continuous ridge vent	<input type="checkbox"/> ___ Entertainment center
<input type="checkbox"/> Corner bracing sheathing or <input type="checkbox"/> metal brace	<input type="checkbox"/> _____" Roof sheathing	<input type="checkbox"/> ___ Sauna
		<input type="checkbox"/> ___ Whirlpool tubs
		<input type="checkbox"/> ___ Wet bar
		<input type="checkbox"/> ___ Computer station

WINDOWS:	EXTERIOR:	INTERIOR:
<input type="checkbox"/> _____ Number of windows	<input type="checkbox"/> _____ Wood	<input type="checkbox"/> _____ Foyer material type
<input type="checkbox"/> _____ Wood sash	<input type="checkbox"/> _____ Aluminum	<input type="checkbox"/> _____ Kitchen floor type
<input type="checkbox"/> _____ Metal sash	<input type="checkbox"/> _____ Vinyl	<input type="checkbox"/> _____ Other floor coverings
<input type="checkbox"/> _____ Vinyl sash	<input type="checkbox"/> _____ Brick _____ ' x _____ '	<input type="checkbox"/> _____ Drywall
<input type="checkbox"/> _____ Other type _____	<input type="checkbox"/> _____ Block	<input type="checkbox"/> _____ Plaster
<input type="checkbox"/> _____ Number of egress windows		<input type="checkbox"/> _____ Wainscoting
<input type="checkbox"/> _____ Attic accesses (minimum 22" x 30")		

## NOTICE

**Please be advised of the following regulations regarding building permits:**

- 1. To receive inspection within 48 hours, this office requires a 24 hour notice.**
- 2. All inspections must be called for by Address or Permit Number.**
- 3. The applicant or applicant's agent will be held responsible for calling for the required inspections as indicated on the application form.**
- 4. It is a violation of the Michigan Building Code and DeWitt Township's Zoning Ordinance 60 of 1977, to occupy any structure without a Certificate of Occupancy.**
- 5. Pursuant to Act 53 of 1974, you are responsible to provide notice to all affected parties as to any excavations which could potentially endanger any underground utility facilities. Said notice is required to be given not less than three full business days (72 hours), excluding Saturdays, Sundays and holidays, before beginning any work. Please contact "Miss Dig" at 811 or www.missdig.net.**

**This certifies that I have read and understand the above:**

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