

**CHARTER TOWNSHIP OF LANSING**  
**3209 W. Michigan Avenue**  
**Lansing, MI 48917**  
**517-485-3510**

**SWIMMING POOL PERMIT APPLICATION**

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

**TOWNSHIP PERMIT #** \_\_\_\_\_  
*(issued by Lansing Township Only)*

**APPLICANT INFORMATION**

**AGS PERMIT #** \_\_\_\_\_

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**LOCATION OF POOL**

Owner      or       Lessee

Address \_\_\_\_\_ Name \_\_\_\_\_

Lansing Township, Ingham County, ZIP Code \_\_\_\_\_ Address \_\_\_\_\_

Legal Description \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

**CONTRACTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

License Number \_\_\_\_\_

Workers' Comp Insurance Carrier \_\_\_\_\_

MESC Employer Number \_\_\_\_\_

**TYPE OF IMPROVEMENT and USE**

Improvement \_\_\_\_\_  Residential       Commercial

Proposed Use \_\_\_\_\_

Size (if applicable) \_\_\_\_\_

Cost of Construction \_\_\_\_\_

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 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.

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 persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

APPLICANT'S SIGNATURE \_\_\_\_\_

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**FOR TOWNSHIP USE ONLY**

**Date Plans Received:** \_\_\_\_\_

<b>Zoning</b>	Date Reviewed: _____	Reviewed by: _____	
	<input type="checkbox"/> Conforming		
	<input type="checkbox"/> Non-conforming	Cumulative Value: _____	

<b>Building Dept.</b>	Date Reviewed: _____	Reviewed by: _____	
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**Cost of Construction \$** \_\_\_\_\_

**Permit Fee \$ 65.00**

**Date Permit Issued:** \_\_\_\_\_ **Lansing Township Permit #** \_\_\_\_\_

**AGS Permit #** \_\_\_\_\_