

Montcalm County Department of Building Safety

211 W Main / Box 368 / Stanton, Michigan 48888

Phone 989-831-7394 * FAX 989-831-7392

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APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

AUTHORITY: P.A. 230 OF 1972, AS AMENDED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.	
COMPLETION: MANDATORY TO OBTAIN A PERMIT		
PENALTY: PERMIT WILL NOT BE ISSUED		
PERMIT #	APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI - NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRIC PERMITS DETAILED CONSTRUCTION DRAWINGS SHALL BE SUBMITTED WITH APPLICATION	DATE OF ISSUE

I. PROJECT INFORMATION

PROJECT NAME (home-owner's name, business, church, etc.)	ADDRESS (if new address a copy from Equalization is required)		
CITY/VILLAGE	TOWNSHIP	SECTION	ZIP CODE
SPECIAL DIRECTIONS		PARCEL # 059- - - -	

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME	ADDRESS (number, street, P. O. Box, Apt., etc.)		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

B. ARCHITECT, ENGINEER, DESIGNER (home-owner, builder, lumber company, design company, etc.)

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
LICENSE NUMBER	EXPIRATION DATE	FAX NUMBER	

C. CONTRACTOR Computer # _____ or complete all of section C.

NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
LICENSE NUMBER	EXPIRATION DATE	FAX NUMBER	

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT RESIDENTIAL COMMERCIAL

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> CHANGE OF USE
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> DOUBLEWIDE	<input type="checkbox"/> BOCA MODULAR	<input type="checkbox"/> OTHER

DESCRIPTION OF WORK TO BE PERFORMED: _____

ZONING # _____ HEALTH # _____ SOIL & EROSION _____

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

SINGLE FAMILY DUPLEX TOWNHOUSE

TWO OR MORE FAMILY APARTMENTS HOTEL, MOTEL

GARAGE ATTACHED DETACHED BREEZEWAY

DORMITORY ASSISTED LIVING DAYCARE

SIZE (w) _____ X (l) _____ = _____ sq ft WALL HGHT _____

OF UNITS _____ # OF STORIES _____ SIZE _____ X _____

OTHER _____
(sheds, carports, swimming pools, decks, etc.)

SQ. FT. PER FLOOR bsmt _____ 1ST _____ 2ND _____ 3RD _____

SIZE (w) _____ X (l) _____ = _____ sq ft WALL HGHT _____

PROPOSED/FUTURE LIVING AREA IN BASEMENT NO YES **DESCRIBE** _____

MOBILE HOME REPLACEMENT

DOUBLEWIDE ON PERMANENT FOUNDATION

ALL MANUFACTURED HOMES - YEAR _____ MAKE _____ DEALER _____ SIZE _____ X _____

B. NON-RESIDENTIAL (commercial)

AMUSEMENT

SERVICE STATION

SCHOOL, LIBRARY, EDUCATIONAL

CHURCH, RELIGION

HOSPITAL, INSTITUTIONAL

STORE, MERCANTILE

INDUSTRIAL

OFFICE, BANK, PROFESSIONAL

TANKS, TOWERS

PARKING GARAGE

PUBLIC UTILITY

OTHER _____

NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPLE TYPE OF FRAME (CHECK ALL THAT APPLY)

MASONRY, WALL BEARING WOOD FRAME STEEL CONCRETE POST FRAME 4X6 6X6 OTHER _____

FOUNDATION - BLOCK PRD WALL WOOD PIERS SLAB CRAWL SPACE BASEMENT RATWALL OTHER _____

WALLS 2x4 2x6 POST FRAME **EXT FINISH** VINYL ALUMINUM STEEL BRICK MASONRY WOOD OTHER _____

ROOF PITCH _____/_____ MAN. TRUSS RAFTERS - SIZE _____ X _____ SPAN LENGTH _____ I-JOIST OTHER _____

ROOF COVERING- SHINGLE ROLLED STEEL RUBBER TILE OTHER _____

B. PRINCIPLE TYPE OF HEATING FUEL

6. NATURAL GAS 7. LP GAS 8. FUEL OIL 9. ELECTRIC 10. WOOD 11. OTHER _____

C. TYPE OF SEWAGE DISPOSAL

12. PUBLIC SEWER

13. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

14. PUBLIC

15. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

FORCED AIR BOILER IN FLOOR OTHER _____

16. WILL THERE BE CENTRAL AIR CONDITIONING? YES NO

17. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

23. FLOOR AREA: DIMENSIONS EXISTING NEW

18. NUMBER OF STORIES _____ BASEMENT _____ X _____ _____ sq.ft. _____ sq.ft.

19. CEILING/WALL HEIGHT _____ FIRST FLOOR _____ X _____ _____ sq.ft. _____ sq.ft.

20. USE GROUP _____ SECOND FLOOR _____ X _____ _____ sq.ft. _____ sq.ft.

21. CONSTRUCTION TYPE _____ OTHER _____ X _____ _____ sq.ft. _____ sq.ft.

22. NO. OF OCCUPANTS _____ TOTAL BLDG. AREA _____ X _____ _____ sq.ft. _____ sq.ft.

G. NUMBER OF OFF STREET PARKING SPACES

23. ENCLOSED _____ 24. OUTDOORS _____ 25. BARRIER FREE _____ 26. VAN ACCESSIBLE _____

ESTIMATED CONSTRUCTION COST (required)\$ _____ **OFFICE USE COST** \$ _____

SITE OR PLOT PLAN – MUST BE FILLED IN BY APPLICANT – OR ATTACH COPY

All site plans shall show the location of the septic system and well or provide approval from the MMDHD (health dept.)
Site plan shall include all buildings on the property.

A large grid for drawing a site or plot plan. The grid is composed of small squares, approximately 1/4 inch by 1/4 inch, and covers the majority of the page area below the header.

ROAD (draw location of driveway)

Name of Road: _____

Distance in feet from edge of construction to property line:

FRONT from road R.O.W. _____

REAR _____

LEFT SIDE LINE _____

RIGHT SIDE _____

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Home Owner Permit Policy

The Michigan Licensing Law gives a homeowner an exemption to act as his or her own general contractor. This means that in the case of his or her own single-family residence, that they will occupy, the homeowner may obtain a building permit for construction at his or her own home. Even though a licensed or unlicensed builder may be significantly involved.

If you, the homeowner, choose to act as your own general contractor and obtain the required building permit, **please be aware of the following.**

AS THE PERMIT HOLDER YOU, THE HOMEOWNER, INCUR ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

1. The Montcalm County Building Department cannot assist you in any cause of action against an unlicensed contractor you have hired to perform work under the Building Permit you obtained.
2. It is the HOMEOWNERS responsibility to have a complete understanding and knowledge of the current Building Code.
3. You, the homeowner, are responsible to correct any code violations. Even if the contractor or any other persons did the work, under the permit you obtained.
4. You, the homeowner, could be held liable for any injury, which occurs on the job, whether it is the builder or subcontractor's employee.
5. In the event of an occurrence beyond the builders control, which causes the builder to be unable to complete the work, you, the homeowner, will be legally responsible for completion of the job, under the permit you obtained

I, _____, have read and understand the above information and

(Print name)

still wish to obtain the required Building Permit.

(Signature)

(Date)

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE

DRIVERS LICENSE NUMBER _____

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.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

X

VII. FOR DEPARTMENT USE ONLY

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A – ZONING					
B – ADDRESS(Equalization copy required)					
C – DRIVEWAY PERMIT					
D – PLANS/BLUE PRINTS					
E – SOIL EROSION					
F – FLOOD ZONE					
G – WATER SUPPLY					
H – SEPTIC SYSTEM					
I – VARIANCE GRANTED					
J – OTHER					

VII. VALIDATION – FOR DEPARTMENT USE ONLY

PERMIT FEES

BUILDING	ELECTRIC	PLUMBING	MECHANICAL	TOTAL
USE GROUP _____		SQUARE FEET _____		
TYPE OF CONSTRUCTION _____		NUMBER OF INSPECTIONS _____		
APPROVAL SIGNATURE _____			DATE _____	

BFB _____ FDN _____ GPB _____ DF(deck) _____ BR(roof) _____ MODB _____ SF _____ BFR _____