



MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY

211 W Main St -- P.O. Box: 368, Stanton, MI 48888

989-831-7394 -- Email: mkalka@montcalm.us

Fire Suppression / Protection Permit Application

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

This section for office use only

Application Received Date:	Project Number:	Permit Number:
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PLAN TYPE TO BE REVIEWED Fire Suppression Fire Alarms PROJECT TYPE New Construction Alteration

JOB LOCATION - REQUIRED

Site Address	City/Village	Township
Parcel/Tax I.D. No.	Lot/Unit Number	Plat or Condominium Name

OWNER INFORMATION - REQUIRED

First Name, Last Name	Phone Number 1		
Mailing Address:	Phone Number 2		
City	State	Zip	Email Address

LICENSED CONTRACTOR INFORMATION - REQUIRED

First Name, Last Name, or Business Name	Phone Number 1				
Mailing Address:	Phone Number 2				
City	State	Zip	Email Address		
Contractor Lic. Number	Expiration Date	Tax ID Number	MESC	Workers Comp Insurance	
Contractor License Name	License Expiration Date		Mechanical License Categories 1 2 3 4 5 6 7 8 9 10 Catagories		
Mailing Address	City			State	Zip

DESIGN PROFESSIONAL INFORMATION

First Name, Last Name, or Business Name	Phone Number 1		
Mailing Address:	Phone Number 2		
City	State	Zip	Email Address

BUILDING INFORMATION

Michigan Building Code Commercial and Multi-Unit Residential Use Group - Check All That Apply				
<input type="checkbox"/> A - 1	<input type="checkbox"/> A - 2	<input type="checkbox"/> A - 3	<input type="checkbox"/> A - 4	<input type="checkbox"/> A - 5
<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F - 1	<input type="checkbox"/> F - 2	<input type="checkbox"/> M
<input type="checkbox"/> H - 1	<input type="checkbox"/> H - 2	<input type="checkbox"/> H - 3	<input type="checkbox"/> H - 5	<input type="checkbox"/> U
<input type="checkbox"/> I - 1	<input type="checkbox"/> I - 2	<input type="checkbox"/> I - 3	<input type="checkbox"/> I - 4	<input type="checkbox"/> S - 1
<input type="checkbox"/> R - 1	<input type="checkbox"/> R - 2	<input type="checkbox"/> R - 3	<input type="checkbox"/> R - 4	<input type="checkbox"/> S - 2

TYPE OF CONSTRUCTION

<input type="checkbox"/> Type I - A	<input type="checkbox"/> Type II - A	<input type="checkbox"/> Type III - A	<input type="checkbox"/> Type IV	<input type="checkbox"/> Type V - A
<input type="checkbox"/> Type I - B	<input type="checkbox"/> Type II - B	<input type="checkbox"/> Type III - B		<input type="checkbox"/> Type V - B

If Mixed Use Building - Choose Applicable Type: Non-Separated Occupancies Separated Occupancies Unlimited

Describe Proposed Use of Building:

APPLICANT SIGNATURE (Applicant is responsible for payment of all applicable fees and charges to this application)

Applicant Signature	Print Name	Date
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COMPLETE APPLICATION ON REVERSE SIDE

FEE SCHEDULE

ITEM DESCRIPTION:	Unit Fee	# Items	TOTAL
Base Fee -- All Permits - <i>(This does not cover an inspection)</i>	\$60.00	1	\$60.00
Final Inspection -- All Permits	\$60.00	1	\$60.00
Additional Inspections	\$60.00		
Plan Review -- (Per Hour)	\$40.00		
Suppression Systems -- Per Head -- (Minimum \$15.00)	\$0.50		
WORK STARTED PRIOR TO OBTAINING PERMIT	\$100.00		
BILLING FOR INCOMPLETE FORMS	\$20.00		
TOTAL:			

Permit Issued by:	Date:
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