



# 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 Suppresion / 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

<b>Application Received Date:</b>	<b>Project Number:</b>	<b>Permit Number:</b>
<b>PLAN TYPE TO BE REVIEWED</b> <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarms	<b>PROJECT TYPE</b> <input type="checkbox"/> New Construction <input type="checkbox"/> 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 Catagories 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

<b>Michigan Building Code Commercial and Multi-Unit Residential Use Group - Check All That Apply</b>				
<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
---------------------	------------	------

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		
<b>WORK STARTED PRIOR TO OBTAINING PERMIT</b>	\$100.00		
<b>BILLING FOR INCOMPLETE FORMS</b>	\$20.00		
<b>TOTAL:</b>			

Permit Issued by:	Date:
-------------------	-------