



## MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY

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

989-831-7394 -- Email: building@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:

PLAN TYPE TO BE REVIEWED  Fire Suppression  Fire Alarms PROJECT TYPE  New Construction  Alteration

### (REQUIRED) JOB LOCATION

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

### (REQUIRED) OWNER / LESSEE CONTACT INFORMATION

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

### (REQUIRED) LICENSED CONTRACTOR INFORMATION

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

**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 PEMRIT: SEE NOTE BELOW</b>			
<b>BILLING FOR INCOMPLETE FORMS</b>	\$20.00		
	<b>TOTAL:</b>		

Permit Issued by:	Date:
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**NOTE: If you start work prior to obtaining a permit:**

First time: Double the permit fee (at least \$250).

Second time or more: Four times the permit fee (at least \$500).