

APPLICATION FOR BUILDING PERMIT

CHARLEVOIX COUNTY DEPT. OF BUILDING SAFETY
301 STATE STREET SUITE # 5
CHARLEVOIX, MICHIGAN 49720
TELEPHONE: (231) 547-7236
FAX: (231) 547-72
email buildingsafety@charlevoixcounty.org

Rev: 07/15

INFORMATION REQUIRED – AS PER PUBLIC ACTS – 230 of 1972 AND 135 OF 1989

[] **LOCATION OF STRUCTURE:**

CORRECT ADDRESS: _____

(Rural addresses consist of (5) digits and the Road Name.)

BETWEEN CROSSROADS: _____ CITY or TOWNSHIP _____

PROPERTY TAX I.D. NUMBER: 15-____-____-____-____ (required for permit)

IS THIS SITE IN A FLOOD PLAIN? YES NO IN A LOW LYING AREA? YES NO

[] **IDENTIFICATION REQUIREMENTS: OWNERSHIP**

NAME OF OWNER/LESSEE: _____

CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: __ (____) _____ E-MAIL/FAX: _____

[] **CONTRACTOR IDENTIFICATION: ALL ITEMS MUST BE COMPLETED TO OBTAIN PERMIT**

NAME OF BUSINESS: _____

NAME OF CONTRACTOR: _____

TELEPHONE: __ (____) _____ E-MAIL/FAX: _____

MAILING ADDRESS: _____

Street/Road City State Zip

BUILDER'S LICENSE NUMBER: _____ **EXPIRATION DATE:** _____

FEDERAL EMPLOYER ID NUMBER/OR REASON FOR EXEMPTION: _____

WORKER'S COM. INSURANCE CARRIER/OR REASON FOR EXEMPTION: _____

M.E.S.C.EMPLOYER NUMBER/OR REASON FOR EXEMPTION: _____

[] **ARCHITECT OR ENGINEER: (IF APPLICABLE) Registration Act of 1937, as amended.**

NAME OF ARCHITECT OR ENGINEER: _____

FIRM NAME: _____

BUSINESS ADDRESS _____

Street/Road City State Zip

TELEPHONE: __ (____) _____ E-MAIL/FAX: _____

LICENSE NUMBER: _____ **EXPIRATION DATE:** _____

[] TYPE OF IMPROVEMENT:

NEW BUILDING	PRE-MANUFACTURE	RELOCATION	SIDING
ADDITION	STATE	DECK	OTHER _____
REMODEL	MOBILE HOME	PORCH	
FOUNDATION ONLY	SET-UP HUD	ROOFING	
	DEMOLITION		

[] PROPOSED USE OF BUILDING

RESIDENTIAL

ONE FAMILY	ATTACHED GARAGE	EXIST NEW TOTAL
TWO OR MORE FAMILY	HEATED ()	
# OF UNITS _____	UNHEATED ()	#OF BEDRMS _____
HOTEL, MOTEL	DETACHED GARAGE	
# OF UNITS _____	HEATED ()	#OF BATHRMS _____
POLE BUILDING	UNHEATED ()	
SAME PROPERTY AS RESIDENCE	OTHER _____	

NON-RESIDENTIAL

CHURCH-RELIGION	PUBLIC UTILITY	TOWERS
INDUSTRIAL	STORE, MERCANTILE	OTHER _____
HOSPITAL, INSTITUTIONAL	POLE BUILDING	
OFFICE, BANK, PROFESSIONAL	NON-CONTIGUOUS TO A RESIDENTIAL PROPERTY	

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

[] ESTIMATED COST OF CONSTRUCTION: \$ _____

[] SELECTED CHARACTERISTICS OF BUILDING:

PRINCIPAL TYPE OF FOUNDATION:

BASEMENT	POURED CONCRETE
Un-finished ()	BLOCK
Finished ()	PERMANENT WOOD FOUNDATION
CRAWLSPACE	INSULATED CONCRETE FORM
PIERS	SUPERIOR WALL
OTHER: _____	

PRINCIPAL TYPE OF FRAME:

MASONRY, WALL BEARING	WOOD FRAME	STRUCTURAL STEEL	REINFORCED CONCRETE	OTHER _____
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PRINCIPAL TYPE OF HEATING FUEL:

GAS	OIL	ELECTRICITY	WOOD	OTHER
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TYPE OF SEWAGE DISPOSAL:

PUBLIC OR PRIVATE COMPANY	SEPTIC SYSTEM
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TYPE OF WATER SUPPLY:

PUBLIC OR PRIVATE COMPANY	PRIVATE WELL OR CISTERN
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TYPE OF MECHANICAL:

WILL THERE BE AIR CONDITIONING? **Yes** **No**

DIMENSIONS DATA:

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NON-RESIDENTIAL:	BASEMENT/CRAWL	_____	_____	_____
USE GROUP _____	1 ST FLOOR	_____	_____	_____
CONST. TYPE _____	2 ND & ABOVE	_____	_____	_____
NO. OF OCCUPANTS _____	TOTAL AREA	_____	_____	_____

WILL THERE BE AN ELEVATOR? YES NO

HAS "Barrier Free" BEEN ADDRESSED? YES NO NUMBER OF STORIES _____

WILL THERE BE FIRE SUPPRESSION? YES NO

DEMOLITIONS: (WRECKING) **BUILDING SIZE:** _____ X _____

MOST RECENT USE OF STRUCTURE BEING ELIMINATED? (Example: Residence, Retail, Storage, Etc.)

PROPERTY TAX I.D. # 15- _____ - _____ - _____ - _____

ESTIMATED COST OF DEMOLITION? _____

RESPONSIBILITY:

APPLICANT IS RESPONSIBLE FOR:

- 1). SUBMITTING ALL REQUIREMENTS:
- 2). PAYMENT OF ALL FEES.
- 3). CALLING FOR ALL INSPECTIONS, INCLUDING FINAL OCCUPANCY.

ORDERED TO APPEAR HERE BY "PUBLIC ACT 230, of 1972, and 135 of 1989". State of Michigan

PLEASE READ BEFORE SIGNING.

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 the 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.

ALSO READ

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.

PERSON RESPONSIBLE: NAME: _____

Please Print

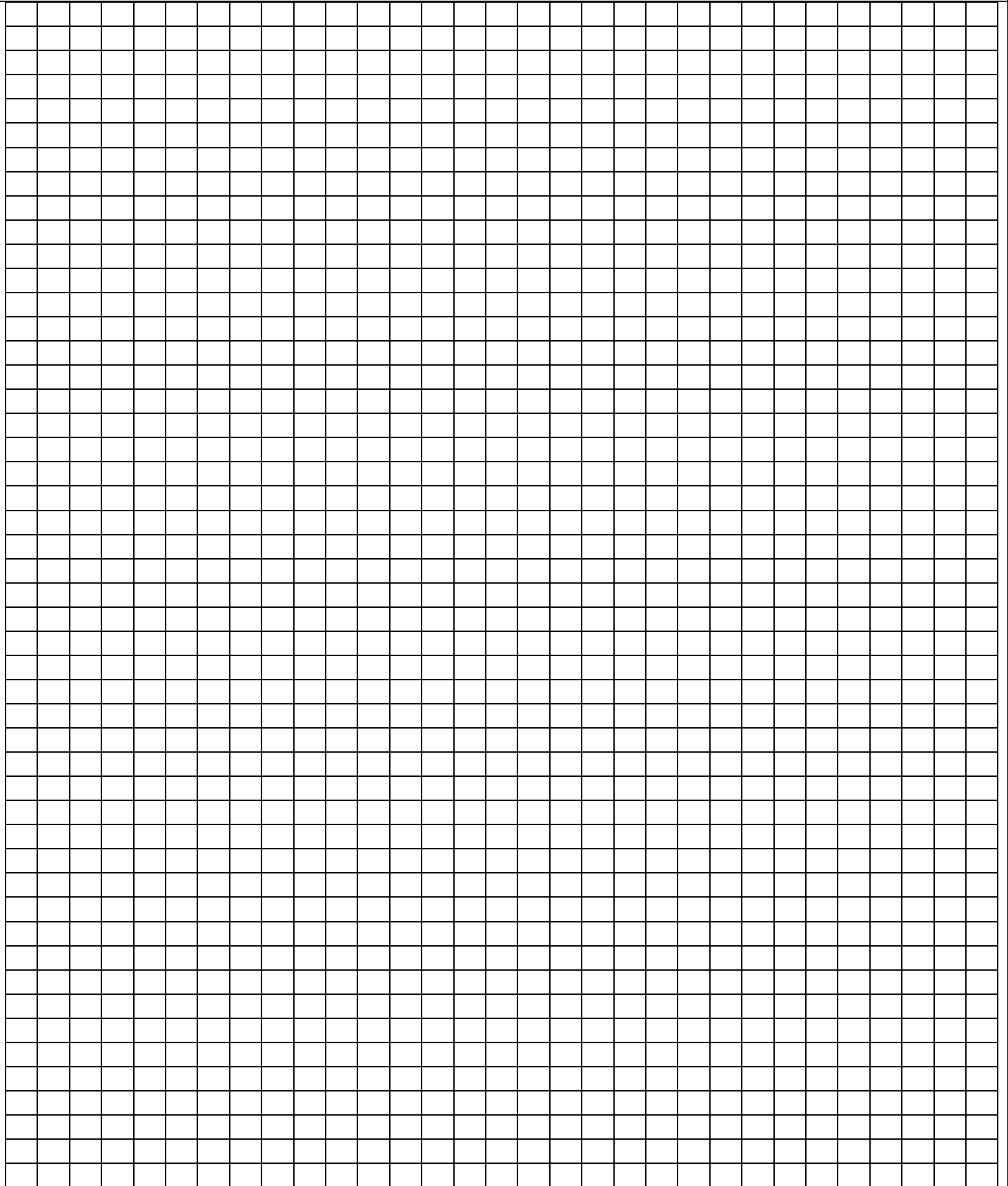
MAILING ADDRESS: _____

Street Address City State Zip

SIGNATURE OF APPLICANT/CONTRACTOR/AGENT – RESPONSIBLE PARTY.

SIGN HERE: _____ **DATE:** _____

[] SITE OR PLOT PLAN – For Applicant Use



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

