

APPLICATION FOR BUILDING PERMIT

CHARLEVOIX COUNTY DEPT. OF BUILDING SAFETY
301 STATE STREET SUITE # 5
CHARLEVOIX, MICHIGAN 49720
TELEPHONE: (231) 547-7236
FAX: (231) 547-7250
TOLL FREE: (800) 548-9157 #4
www.charlevoixcounty.org



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)

[] IDENTIFICATION REQUIREMENTS: OWNERSHIP

NAME OF OWNER/LESSEE: _____

CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: __ (____) _____ FAX: __ (____) _____

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

NAME OF BUSINESS: _____

NAME OF CONTRACTOR: _____

TELEPHONE: __ (____) _____ 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: __ (____) _____ FAX: __ (____) _____

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

I] TYPE OF IMPROVEMENT:

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> PRE-MANUFACTURE
STATE | <input type="checkbox"/> RELOCATION | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> MOBILE HOME
SET-UP HUD | <input type="checkbox"/> DECK | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> PORCH | |
| <input type="checkbox"/> FOUNDATION ONLY | | <input type="checkbox"/> ROOFING | |

I] PURPOSED USE OF BUILDING

RESIDENTIAL

- | | | |
|--|--|------------------------|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> ATTACHED GARAGE
HEATED ()
UNHEATED () | EXIST NEW TOTAL |
| <input type="checkbox"/> TWO OR MORE FAMILY
OF UNITS _____ | <input type="checkbox"/> DETACHED GARAGE
HEATED ()
UNHEATED () | #OF BEDRMS _____ |
| <input type="checkbox"/> HOTEL, MOTEL
OF UNITS _____ | <input type="checkbox"/> OTHER _____ | #OF BATHRMS _____ |
| <input type="checkbox"/> POLE BUILDING
SAME PROPERTY AS RESIDENCE | | |

NON-RESIDENTIAL

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> CHURCH-RELIGION | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> TOWERS |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> STORE, MERCANTILE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> POLE BUILDING
NON-CONTIGUOUS TO A
RESIDENTIAL PROPERTY | |
| <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | | |

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

I] ESTIMATED COST OF CONSTRUCTION: \$ _____

I] SELECTED CHARACTERISTICS OF BUILDING:

PRINCIPAL TYPE OF FOUNDATION:

- | | |
|--|--|
| <input type="checkbox"/> BASEMENT
Un-finished ()
Finished () | <input type="checkbox"/> POURED CONCRETE |
| <input type="checkbox"/> CRAWLSPACE | <input type="checkbox"/> BLOCK |
| <input type="checkbox"/> PIERS | <input type="checkbox"/> PERMANENT WOOD FOUNDATION |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> INSULATED CONCRETE FORM |

PRINCIPAL TYPE OF FRAME:

- | | | | | |
|---|-------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> MASONRY,
WALL BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL
STEEL | <input type="checkbox"/> REINFORCED
CONCRETE | <input type="checkbox"/> OTHER _____ |
|---|-------------------------------------|--|---|--------------------------------------|

PRINCIPAL TYPE OF HEATING FUEL:

- | | | | | |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> OIL | <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> WOOD | <input type="checkbox"/> OTHER _____ |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------------|

TYPE OF SEWAGE DISPOSAL:

- | | |
|--|--|
| <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | <input type="checkbox"/> SEPTIC SYSTEM |
|--|--|

TYPE OF WATER SUPPLY:

- | | |
|--|--|
| <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | <input type="checkbox"/> PRIVATE WELL OR CISTERN |
|--|--|

TYPE OF MECHANICAL:

WILL THERE BE AIR CONDITIONING? Yes No

DIMENSIONS DATA:

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NON-RESIDENTIAL:	BASEMENT	_____	_____	_____
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

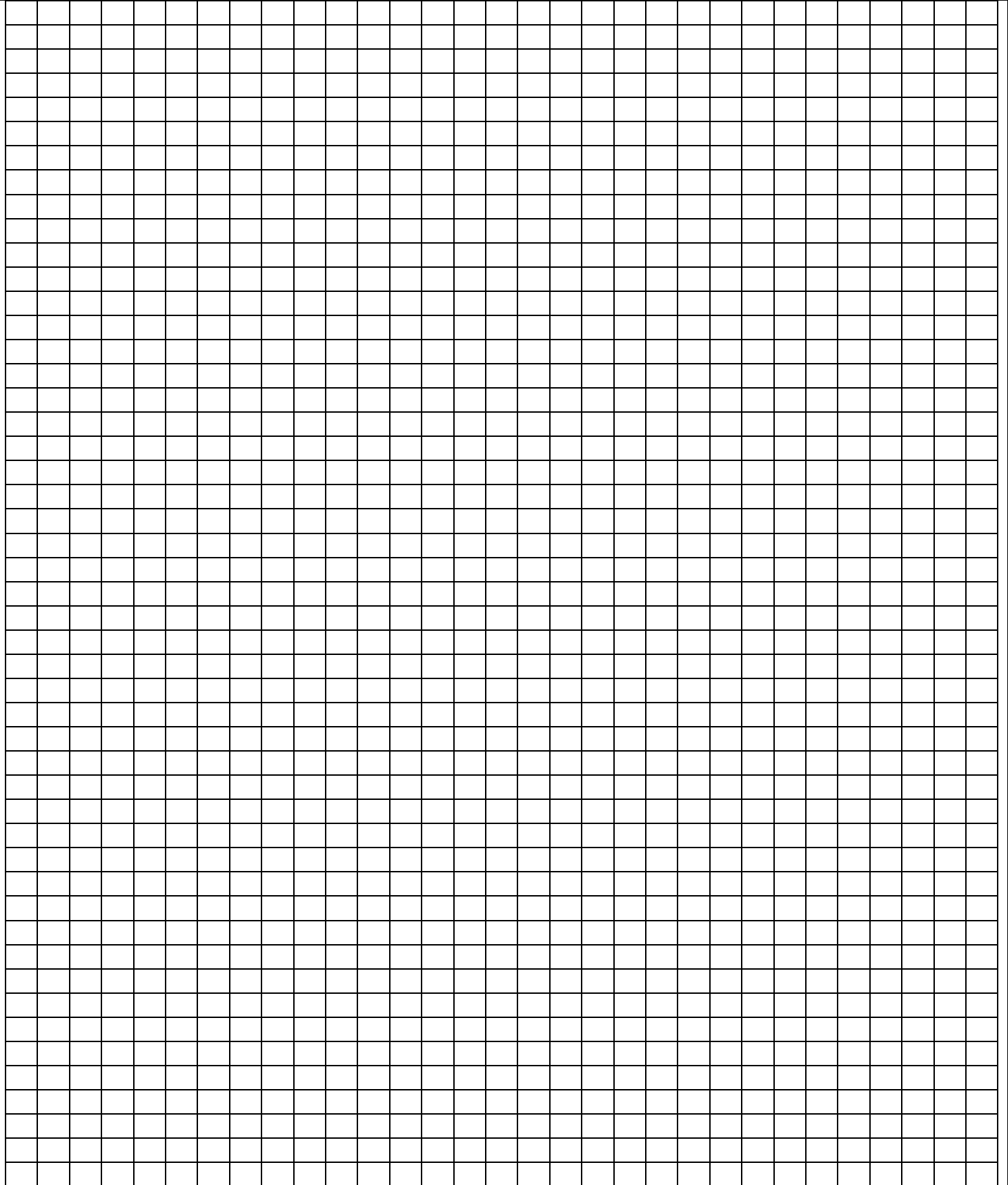
MAILING ADDRESS: _____
 Street Address City State Zip

[] SIGNATURE OF APPLICANT/CONTRACTOR/AGENT – RESPONSIBLE PARTY.

SIGN HERE: _____ DATE: _____

[] NOTES:

[] SITE OR PLOT PLAN – For Applicant Use



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

