

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

SCHOOLCRAFT COUNTY BUILDING DEPARTMENT
300 WALNUT STREET, COURTHOUSE ROOM 207
PHONE (906) 341-3678 FAX (906) 341-0282

| 1. LOCATION OF BUILDING | | | |
|---|---|--|--------------------------|
| ADDRESS _____ | | SUBDIVISION _____ | |
| CITY/VILLAGE _____ | TOWNSHIP _____ | LOT NO. _____ | |
| PROPERTY NO. _____ | LEGAL DESCRIPTION: TOWNSHIP _____ RANGE _____ SECTION _____ | | |
| 2. IDENTIFICATION | | | |
| A. (CIRCLE ONE) - OWNER OR LESSEE | | | |
| NAME _____ | | TELEPHONE NO. _____ | |
| ADDRESS _____ | CITY _____ | STATE _____ | ZIP CODE _____ |
| B. APPLICANT IF DIFFERENT THAN OWNER | | | |
| NAME _____ | | TELEPHONE NO. _____ | |
| ADDRESS _____ | CITY _____ | STATE _____ | ZIP CODE _____ |
| C. ARCHITECT OR ENGINEER (If Applicable) | | | |
| NAME _____ | | TELEPHONE NO. _____ | |
| ADDRESS _____ | CITY _____ | STATE _____ | ZIP CODE _____ |
| D. CONTRACTOR | | | |
| If work will be done by owner of proposed construction, indicate "owner". Otherwise complete this section. | | | |
| NAME _____ | | TELEPHONE NO. _____ | |
| ADDRESS _____ | CITY _____ | STATE _____ | ZIP CODE _____ |
| BUILDERS LICENSE NUMBER _____ | | | |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____ | | | |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _____ | | | |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____ | | | |
| 3. TYPE OF IMPROVEMENT AND PLAN REVIEW | | | |
| A. TYPE OF IMPROVEMENT | | | |
| 1. _____ NEW BUILDING | 3. _____ ALTERATION | 5. _____ WRECKING | 7. _____ FOUNDATION ONLY |
| 2. _____ ADDITION | 4. _____ REPAIR | 6. _____ MOBILE HOME SET-UP | 8. _____ PREMANUFACTURE |
| 9. _____ RELOCATION | | | |
| B. OWNERSHIP | | | |
| 1. _____ Private (individual, corporation, nonprofit institution, etc.) | | 2. _____ Public (Federal, State or local government) | |
| C. PROPOSED USE - RESIDENTIAL | | | |
| 1. _____ One/Two Family dwelling | 3. _____ Hotel/Motel (Units _____) | 5. _____ Garage, detached | 7. Other - Specify _____ |
| 2. _____ Over Two Family, (Units _____) | 4. _____ Garage, attached | 6. _____ Storage | _____ |
| D. PROPOSED USE - NON RESIDENTIAL | | | |
| 1. _____ Amusement | 5. _____ Service Station | 9. _____ School, Library, Educational | |
| 2. _____ Church, Religion | 6. _____ Hospital, Institutional | 10. _____ Store, Mercantile | |
| 3. _____ Industrial | 7. _____ Office Bank, Professional | 11. _____ Tanks, Towers | |
| 4. _____ Parking Garage | 8. _____ Public Utility | 12. _____ Other _____ | |
| SELECTED CHARACTERISTICS OF BUILDING: | | | |
| E. PRINCIPAL TYPE OF FRAME _____ Masonry (Wall Bearing) _____ Wood Frame _____ Structural Steel _____ Reinforced Concrete _____ Other - Specify _____ | | F. PRINCIPAL TYPE OF HEATING FUEL _____ Gas _____ Oil _____ Electricity _____ Coal _____ Other - Specify _____ | |
| | | G. TYPE OF WATER SUPPLY _____ Public _____ Private | |
| | | H. TYPE OF SEWAGE DISPOSAL _____ Public _____ Septic _____ None _____ Privy | |
| I. BUILDING DIMENSIONS | | | |
| House 1st Floor _____ x _____ = Sq. Ft. _____ | | Pole Building _____ x _____ = Sq. Ft. _____ | |
| House 2nd Floor _____ x _____ = Sq. Ft. _____ | | Garage (Attached) _____ x _____ = Sq. Ft. _____ | |
| Total Square Feet _____ | | Garage 2nd Floor _____ x _____ + Sq. Ft. _____ | |
| Number of Stories _____ | | Garage (Detached) _____ x _____ = Sq. Ft. _____ | |
| Other 1st Floor _____ x _____ = Sq. Ft. _____ | | Deck _____ x _____ = Sq. Ft. _____ | |
| Other 2nd Floor _____ x _____ = Sq. Ft. _____ | | Basement _____ x _____ = Sq. Ft. _____ | |
| | | Walkout Basement _____ x _____ + Sq. Ft. _____ | |

4. HEALTH DEPARTMENT APPROVAL

If proposed construction is a dwelling (includes camps), or involves adding bedroom to a dwelling, approval of the on-site sewage disposal system must be obtained from the Luce-Mackinac-Alger-Schoolcraft District Health Dept. before a building permit can be issued. This provision does not apply if the dwelling will be served by city sewer.

A copy of a permit to install a septic system or privy, a letter authorizing the use of an existing system, or other written approval by the Health Dept. must be included with this application.

By signing this application the applicant understands that it is his/her sole responsibility to ensure that any other permits which may be required by state or federal law are acquired prior to the beginning of this project.

5. APPLICANT INFORMATION Applicant is responsible for payment of all fees, and must provide the following information:

Section 23a of the State Construction Code Act, 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.

I hereby certify that the information contained in this application, and in the plans and specifications accompanying this application are true and complete and contain a correct description of the building or structure, lot, and proposed work.

Signature of Applicant _____ **Date** _____

PLEASE NOTE: If applicant is other than the person listed as "LANDOWNER", this application must be accompanied by an architectural, engineering or construction contract, power of attorney, or following authorization designating the applicant as agent, attorney, architect, engineer or builder.

6. LANDOWNER AUTHORIZATION (To be completed prior to submission of application for building permit.)

I, _____, owner in fee of the above-described land upon which the proposed construction is to occur, hereby designate and authorize _____ as (attorney/architect/engineer/builder - choose one and enter) _____ for the building and construction on my property for which this application is made. Date: _____

Signature of Landowner: _____
Print Name _____

| FEES: | ESTIMATED VALUE: |
|--------------------|------------------|
| SF RESIDENTIAL | |
| | |
| PORCH/DECK | |
| GARAGE | |
| POLE BARN | |
| ADMINISTRATION FEE | |
| PLAN REVIEW | |
| COMMERCIAL | |
| ZONING | |
| ELECTRICAL | |
| ADDRESSING FEE | |
| TOTAL AMT | |
| RECEIPT # | |

APPROVED FOR CONSTRUCTION*
_____ Date: _____

Mark J. Rivard, Schoolcraft County Code Official

*Required Inspections (If checked):
 Footing Foundation Framing
 Insulation Final

NOTES:
 FOOTING _____
 FOUNDATION _____
 FRAMING _____
 INSULATION _____
 FINAL _____

****PLEASE READ CAREFULLY, COMPLETE ALL SECTIONS, AND ATTACH DRAWINGS AND MATERIAL SPECS****

Copies for:
 Applicant _____
 Assessor _____
 File _____
 Building Insp _____