PERMIT	J.:		Schoolcraft County Building Dept.
	· · · · · · · · · · · · · · · · · · ·		300 Walnut Street #207
DATE ISSU	JED:		Manistique, MI 49854
		<u>t</u>	ouildingadmin@schoolcraftcounty.us
BUILDING	INSPECTOR SIGNATURE:		Office Phone: 906-341-3678 or
1-1-2	a H		906-341-3677
MAY BE REQUIRED WITH THIS APPLICATION:	 SITE PLAN - SHOWING PROPOSED CONSTRUCTION AND WATERWAYS, PROPERTY LINES, UTILITIES AND DIMEN DRAWINGS THAT SHOW STRUCTURAL DETAILS AND CONTROL OF ALL SANITARY APPROVAL/PERMIT SANITARY APPROVAL/PERMIT FROM DELTA-MENOMII S.E.S.C. PERMIT FOR EARTH WORK WITHIN 500' OF A LORIVEWAY PERMIT, FIRE SIGN ENERGY CODE COMPLIANCE INCOMPLETE APPLICATIONS WILL 	SIONS DDE REQU NEE HEALT AKE, RIVE	IREMENTS (foundation, elevation and section views) TH DEPARTMENT R OR STREAM URNED
	NAME		PHONE
PROPERTY OWNER	ADDRESS		EMAIL
,	СІТУ	STATE	ZIP
PROJECT	FIRE# ROAD		
ADDRESS	CITY/TOWNSHIP		PARCEL#21-
	NAME		PHONE
	(WAINTE		PHONE
ARCHITECT	ADDRESS		EMAIL
ENGINEER	СПУ	STATE	ZIP
(COMMERCIAL USE)	LICENSE#		EXP. DATE
	NAME		PHONE
	TRAITIL.	PHONE	
	ADDRESS	EMAIL	
CONTRACTOR IF OTHER THAN	CITY	STATE	ZIP
OWNER	LICENSE#		EXP. DATE
(RESIDENTIAL USE)	Federal employer ID# OR reason for exemption:		
	MESC employer # OR reason for exemption:		
	Workers comp. ins. OR reason for exemption:		
	residential work for a set price, provides materials and labor, hourly wages only -MUST BE LICENSED BY THE ST	ATE OF	MICHIGAN-

PERMIT NO.:

- FOR TIMELY INSPECTIONS PROVIDE TWO WORKING DAYS NOTICE
- CERTIFICATE OF OCCUPANCY MUST BE ISSUED PRIOR TO OCCUPANCY
- PERMITS WITH NO ACTIVITY FOR 180 DAYS WILL BE EXPIRED

TYPE OF	NEW BUILDING		PREMANUFA	CTURED (STATE)		DECK/PORCE	н [] MC	VED STRUCTURE	
IMPROVEMENT	ADDITION		MANUFACTU	RED (HUD)		FOUNDATIO	N C	ודט נ	LITY	
Check one or more	GARAGE		REPAIR/REM	ODEL		DEMOLITION	V E	TO I	HER	
	COMMERCIAL (co	omplet	te next section)						
	1					1				
	USE GROUP CLAS		TION		_	LIST	THE	SQUARE	FEET OF EACH FIF	RE AREA
COMMERCIAL	CONSTRUCTION 1									
	OCCUPANCY LOA		7	5		-				
	FIRE SUPPRESSION	N?	YES	□ NO						
PROJECT DESCRIPTION										
	BASEMENT		X	SQ.FT	0					
	1ST FLOOR		_ x	SQ.FT	0		ESTIMATED VALUATION OF THE PROJECT			
DIMENSIONS	2ND FLOOR		_ x	SQ. FT	0		\$			
DIMENSIONS	GARAGE		_ x	SQ.FT	0					
	DECK/PORCH		_ x	sq.ft	0		T01	'AL SQ.	FT.: <u>0</u>	
	OTHER		x	SQ.FT	0					
	1	ADD	PLICANT MII	ST PROVIDE I	:66	AND ALL NE	rece	ADV D	OCHMENTS	
ADDUCANT	NAME	AII	LICARI WIO	31 PROVIDE		AND ALL INE		HONE	OCOIVIEIA 12	
APPLICANT IF OTHER THAN	ADDRESS				_		E	MAIL		
OWNER	CITY					STATE	- Z	IP.		
114	EREBY CERTIFY ALL IN	FORMA	TION SUBMITTE	D ON THIS APPLICA	TION	IS ACCURATE TO MCL 125.1510(2).	THE B	EST OF N	MY KNOWLEDGE.	. 5
IGNATURE (SIGNA	TURE OF OWNER OR I							D	ATE	
C	HECK OR MO	NEY	ORDER MA	DE PAYABL	E T	O: SCHOO	LCR	AFT C	OUNTY	
	ay online at https:					The section of the last	PROPERTY OF THE PARTY OF THE PA		The state of the s	
Section 23a of the State state relating to	Construction Code Act persons who are to pe	of 1972 rform v	, 1972 PA 230, M vork on a residen	CL 125.1523a, prohitial building or a re-	bits a sident	person from consial structure. Viol	spiring ators of	to circum section	event the licensing rec 23a are subject to civ	quirements of this # fines."
	4			OFFICE USE BELO	w				ŗ	
EQUIRED INSPI	ECTIONS (If cl	necke	ed)	FEE USE		FOR DEPAR	RTM	ENT	CALCULATION	ONS
				SF RESI	DENT	AI			\$0.47 V	SO FOOT

REQUIRED INSPE	CTIONS (If checked)
FOOTING	
FOUNDATION	
FRAMING	
INSULATION	
FINAL	
FAILED INSPECTION:	S CHARGE ADDITIONAL \$75.00

FEES: FOR DEPARTMENT USE	CALCULATIONS				
SF RESIDENTIAL	\$0.47 X SQ	FOOT			
"OFF GRID" CABIN	\$0.25 X SQ	FOOT			
PORCH/DECK/SLAB	\$0.06 X SQ1	FOOT			
GARAGE	\$0.10 X SQ I	FOOT			
POLE BUILDING	\$0.10 X SQ I	FOOT			
NSPECTION	\$75.00 X# OI	F INSP			
PLAN REVIEW	\$50.00 PER HR (min fee \$	50.00 x 1 hr)			
COMMERCIAL					
UNFINISHED BASEMENT	\$0.08 X SQ F	тоот			
FOTAL:					