

MISSAUKEE COUNTY CONSTRUCTION CODE  
P.O. BOX 800  
LAKE CITY, MI 49651  
PH (231) 839-7264 FAX (231) 839-7001  
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## BUILDING PERMIT AND PLAN EXAMINATION APPLICATION

**MAIL PERMIT TO: MISSAUKEE COUNTY CONSTRUCTION CODE, P.O. BOX 800, LAKE CITY, MI 49651**

<p>AUTHORITY: P.A. 230 OF 1972, AS AMENDED  COMPLETION: MANDATORY TO OBTAIN PERMIT  PENALTY: APPLICATION MUST BE COMPLETED, SIGNED &amp; PROPER  FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.</p>	<p>THE BUILDING DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL  OR GROUP BECAUSE OF RACE, SEX, RELISION, AGE, NATIONAL ORIGIN,  COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.</p>
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**APPLICANT TO COMPLETE SECTIONS 1- 6 & 9**

<b>SECTION 1. LOCATION OF BUILDING</b>			
ADDRESS (HOUSE # AND NAME OF RD. OR ST.)			
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN	AND	PROPERTY TAX #	SECTION #
<b>SECTION 2. IDENTIFICATION</b>			
<b>A. PROPERTY OWNER OR LESSEE</b>			
NAME		HOME PHONE	E-MAIL ADDRESS
MAILING ADDRESS	CITY	STATE	ZIP CODE
			CELL PHONE
<b>B. ARCHITECT OR ENGINEER</b>			
NAME		WK PHONE #	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE #		EXPIRATION DATE	
<b>C. CONTRACTOR</b>			
NAME		WK PHONE #	CELL PHONE #
ADDRESS	CITY	STATE	ZIP CODE
BUILDER'S LICENSE NUMBER		EXPIRATION DATE	E-MAIL ADDRESS
FEDERAL EMPLOYER ID OR REASON FOR EXEMPTION			
WORKERS COMP INS CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
<b>SECTION 3. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>			
<b>A. TYPE OF IMPROVEMENT</b>			
1. _____ NEW BUILDING	3. _____ ALTERATION	5. _____ DEMOLITION	7. _____ FOUNDATION ONLY
2. _____ ADDITION	4. _____ REPAIR	6. _____ MOBILE HOME SET-UP	8. _____ PREMANUFACTURE
			9. _____ RELOCATION
			10. _____ OTHER
<b>B. PLAN REVIEW(S) TO BE PERFORMED</b>			
_____ BUILDING	_____ PLUMBING	_____ MECHANICAL	_____ ELECTRICAL
<b>OFFICE USE ONLY - FINAL INSPECTIONS</b>	<b>DATE FINALED</b>	<b>INSPECTOR</b>	<b>PERMIT #</b>
<b>ELECTRICAL FINAL</b>			
<b>MECHANICAL FINAL</b>			
<b>PLUMBING FINAL</b>			
<b>BUILDING FINAL</b>			

**SECTION 4. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL - For demolition permits, show most recent use.**

OCCUP. GRP. \_\_\_\_\_ CODE \_\_\_\_\_

- |                                               |                                                 |                                           |                            |
|-----------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------|
| 1. ___ ONE FAMILY                             | 2. ___ TWO OR MORE FAMILY<br>(# OF UNITS) _____ | 3. ___ PERM MOBILE HOME<br>MAKE/YR. _____ | 4. ___ SEASONAL ONE FAMILY |
| 5. ___ SEASONAL MOBILE HOME<br>MAKE/YR. _____ | 6. ___ HOTEL, MOTEL<br>(# OF UNITS) _____       | 7. ___ ATTACHED GARAGE                    | 8. ___ DETACHED GARAGE     |
| 9. ___ CARPORT                                | 10. ___ DECK                                    | 11. ___ POLE BUILDING                     | 12. ___ OTHER              |

**B. NON-RESIDENTIAL - FOR DEMOLITION, SHOW MOST RECENT USE**

- |                                 |                           |                                      |                           |
|---------------------------------|---------------------------|--------------------------------------|---------------------------|
| 13. ___ AMUSEMENT               | 14. ___ SERVICE STATION   | 15. ___ SCHOOL, LIBRARY, EDUCATIONAL | 16. ___ CHURCH, RELIGIOUS |
| 17. ___ HOSPITAL, INSTITUTIONAL | 18. ___ STORE, MERCANTILE | 19. ___ OFFICE, BANK, PROFESSIONAL   | 20. ___ INDUSTRIAL        |
| 21. ___ TANKS, TOWERS           | 22. ___ PARKING GARAGE    | 23. ___ PUBLIC UTILITY               | 24. ___ OTHER             |

**NON-RESIDENTIAL USE:**

DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**SECTION 5. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPLE TYPE OF FRAME**

- |                      |                            |                                 |                               |              |
|----------------------|----------------------------|---------------------------------|-------------------------------|--------------|
| 1. ___ WOOD<br>FRAME | 2. ___ STRUCTURAL<br>STEEL | 3. ___ MASONRY,<br>WALL BEARING | 4. ___ REINFORCED<br>CONCRETE | 5. ___ OTHER |
|----------------------|----------------------------|---------------------------------|-------------------------------|--------------|

**B. PRINCIPLE TYPE OF FOUNDATION**

- |               |                 |                |              |              |              |
|---------------|-----------------|----------------|--------------|--------------|--------------|
| 1. ___ PIERS  | 2. ___ BASEMENT | 3. ___ WALKOUT | 4. ___ CRAWL | 5. ___ POLES | 6. ___ OTHER |
| A. ___ POURED | B. ___ BLOCK    | C. ___ WOOD    |              |              |              |

**C. PRINCIPLE TYPE OF HEATING FUEL**

- |            |            |             |                    |              |
|------------|------------|-------------|--------------------|--------------|
| 1. ___ GAS | 2. ___ OIL | 3. ___ COAL | 4. ___ ELECTRICITY | 5. ___ OTHER |
|------------|------------|-------------|--------------------|--------------|

**D. PRINCIPLE TYPE OF SEWAGE DISPOSAL**

- |                                  |                              |
|----------------------------------|------------------------------|
| 1. ___ PUBLIC OR PRIVATE COMPANY | 2. ___ PRIVATE SEPTIC SYSTEM |
|----------------------------------|------------------------------|

**E. PRINCIPLE TYPE OF WATER SUPPLY**

- |                                  |                                |
|----------------------------------|--------------------------------|
| 1. ___ PUBLIC OR PRIVATE COMPANY | 2. ___ PRIVATE WELL OR CISTERN |
|----------------------------------|--------------------------------|

**F. TYPE OF MECHANICAL**

- |                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| 1. WILL THERE BE AIR CONDITIONING? ___ YES ___ NO | 2. WILL THERE BE AN ELEVATOR? ___ YES ___ NO |
|---------------------------------------------------|----------------------------------------------|

**G. DIMENSIONS - INDICATE DIMENSIONS FOR EACH CATEGORY IN #4 - L x W = SQFT**

- |                              |                                                       |
|------------------------------|-------------------------------------------------------|
| 1. NUMBER OF STORIES _____   | 4. AREA (Length x Width = SqFt Area)                  |
| 2. NUMBER OF BEDROOMS _____  | 1ST FLOOR _____ = _____ ATTACHED GARAGE _____ = _____ |
| 3. NUMBER OF BATHROOMS _____ | 2ND FLOOR _____ = _____ DETACHED GARAGE _____ = _____ |
|                              | BASEMENT _____ = _____ POLE BUILDING _____ = _____    |
|                              | DECK _____ = _____ TOTAL SQ FT AREA: _____            |

**H. NUMBER OF PARKING SPACES**

- |                   |                   |
|-------------------|-------------------|
| 1. ENCLOSED _____ | 2. OUTDOORS _____ |
|-------------------|-------------------|

**SECTION 6. APPLICANT INFORMATION**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

NAME _____	TELEPHONE NO. _____
MAILING ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____

**VI. Signature**  
 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 THIS APPLICATION AS HIS/HER 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.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, 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 subjected to civil fines.

SIGNATURE OF OWNER (Required) _____	TYPE OR PRINT _____
SIGNATURE OF OWNER'S AGENT _____	TYPE OR PRINT _____
BUILDING PERMIT FEE ENCLOSED \$ _____	OR STATE ACCOUNT NUMBER _____

**VII. Local Governmental Agency to Complete This Section**

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**VIII. Validation - For Department Use Only**

USE GROUP _____	APPLICATION FEE (non-refundable) \$ _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____ \$ _____
SQUARE FEET _____	CERTIFICATE OF OCCUPANCY: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	TOTAL \$ _____

APPROVAL SIGNATURE _____	
TITLE _____	DATE _____