

BUILDING PERMIT

Date: ____ / ____ / ____

Jurisdiction of _____

Permit # _____

New residential construction, addition, and alteration

Job Address: _____ Property Tax I.D.: _____

Zoning district: _____ Permit Determinant: _____

Use Group: _____ Owner: _____ () _____ phone

Type Const.: _____ Address: _____ () _____ phone

Basic Dimensions: _____ ft. x _____ ft., Contractor: _____

No. Floors: _____ Address: _____

- | | | |
|-----------------------------------------------------------------|---------------------------|----------------------------------|
| _____ Sq. ft. main floor | _____ No. rooms 2nd floor | _____ No. wood burners |
| _____ Sq. ft. second floor | _____ No. full baths | _____ Sq. ft. porches/breezeways |
| _____ Sq. ft. fin. basement | _____ No. half baths | _____ Sq. ft. wood deck |
| _____ Sq. ft. unfin. bsmt. | _____ No. fireplaces | _____ (ft.) ceiling height |
| _____ No. rooms 1st floor | _____ No. chimneys | _____ (ft.) building height |
| _____ Sq. ft. garage (attached garage requires fire separation) | | |

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS (11)

- _____ fgs. _____ " x _____ "
- _____ " below fin. grade
- _____ No. post footings
- _____ " x _____ " x _____ "
- _____ Poured walls
- _____ H.C. block _____ "
- _____ Wood foundation
(provide diagram)
- _____ Ft. Foundation wall height
- _____ " crawl space wall height
- _____ " egress sill height
- _____ No. bsmt. windows
- _____ Crawl space vent openings

ROUGH-IN FRAMING (10)

- _____ Sill plate (treat.)
- _____ Wall plates
- _____ headers
- _____ wood girder
- _____ steel girder
- _____ post _____ ft. O.C.
- _____ stud wall
- _____ masonry
- _____ fl. joists _____ " O.C.
- _____ Ceil. jsts _____ " O.C.
- _____ Rafters _____ " O.C.
- _____ Truss (diagram required)
- _____ " floor sheathing
- _____ " wall sheathing
- _____ " roof sheathing
- _____ " corner brace sheath

EXTERIOR (3)

- _____ Wood
- _____ Aluminum/Vinyl
- _____ Brick
- _____ Block

ROOFS (4)

- _____ Hip
- _____ Gable
- _____ Front overhang
- _____ Other overhang
- _____ Eavestrough

CHIMNEY TYPE

- _____ Brick
- _____ Block
- _____ Stone
- _____ Metal
- _____ Asphalt Shingles
- _____ Underlayment
- _____ Vents
- _____ Other Coverings

WINDOWS (5)

- _____ No. of windows
- _____ Wood sash
- _____ Metal sash
- _____ Type
- _____ egress/bedrms
- _____ attic access 22" x 30"

INSULATION (9)

- _____ " Fiberglass
- _____ " Cellulose
- _____ " Blown in fb. glass
- _____ " Foam
- _____ other
- _____ " rigid poly ure.
- _____ " rigid styro
- _____ " insul sheath
- _____ wind barrier
- _____ (mil) moisture barr.

INTERIOR (13)

- _____ Foyer
- _____ Kit fl.
- _____ Other fl.
- _____ drywall
- _____ plaster
- _____ covered ceiling
- _____ pri. wainscot
- _____ 5/8" garage fire code

BUILT-IN ITEMS (15)

- _____ oven _____ range
- _____ disposal
- _____ hood/fan
- _____ dishwasher
- _____ refrigerator
- _____ incinerator
- _____ vanities
- _____ ' cupboard length

Contractor Will Stake 2 Adjacent Lot Lines for
First Inspection. Sketch Lot Diagram On Back.

COST OF PERMIT \$ _____

Building Dept.

By: _____

Make checks payable to:

Permits eventually required for this project:

Electrical Permit

yes no

Plumbing Permit

yes no

Mechanical Permit

yes no

LOT DIAGRAM

Owner: _____

Address: _____

Tax I.D.: _____

- | | |
|-------------------------------|-----------------------------------------------------------|
| 1) Draw lot lines in feet | 5) Show dimensions of all buildings |
| 2) Label street | 6) Show distance from all sides of buildings to sidelines |
| 3) Draw existing structures | 7) Draw lakes, streams, and wet lands within 500 feet |
| 4) Draw proposed construction | 8) Contractor/owner will stake 2 adjacent lot lines |

Engineer/Architect: _____		Phone (____) _____	
Address: _____			
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:			
Name _____		Phone (____) _____	
Address _____		City _____	State _____ Zip _____
Federal ID No./Social Security No. _____		MESC Employer No. _____	
License No. _____	Expiration Date _____	Worker's Disability Compensation Carrier _____	
if exempt from any of the above, explain here: _____			
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.			

HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____