

LEELANAU COUNTY CONSTRUCTION CODE AUTHORITY

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 Suttons Bay, MI 49682
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Permit Number (office use only)

APPLICATION FOR BUILDING PERMIT

AUTHORITY: P. A. 230 OF 1972, AS AMENDED COMPLIANCE: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT CANNOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITIES, OR POLITICAL BELIEFS.
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APPLICATION TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V, VI, AND VII

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

Rev (12/14)

I. PROJECT INFORMATION			
Parcel Number 45- _____ - _____ - _____	Township	Section	
Address		City	Zip Code
Between _____	And _____		
II. IDENTIFICATION			
A. OWNER OR LESSEE			
Name		Address	
City	State	Zip Code	Telephone Number
B. ARCHITECT OR ENGINEER			
Name		Address	
City	State	Zip Code	Telephone Number
License Number			Expiration Date
C. CONTRACTOR <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
Name		Address	
City	State	Zip Code	Telephone Number
Builders License Number	Expiration Date	Cell Number	
Federal Employer ID Number or Reason for Exemption			
Workers Comp Insurance Carrier or Reason for Exemption			
MESC Employer Number or Reason for Exemption			
III. SELECT CHARACTERISTICS OF SITE			
1. Is any part of the proposed project within 100 year floodplain?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is project within 500 feet of a lake, stream, or county drain?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. TYPE OF JOB **Rev (12/14)**

- | | | | | |
|--|--|---|--|---|
| 1. <input type="checkbox"/> New Building | 3. <input type="checkbox"/> Alteration | 5. <input type="checkbox"/> Demolition | 7. <input type="checkbox"/> Special Inspection | 9. <input type="checkbox"/> Manufacture Set Only: |
| 2. <input type="checkbox"/> Addition | 4. <input type="checkbox"/> Repair | 6. <input type="checkbox"/> Foundation Only | 8. <input type="checkbox"/> Relocation | <input type="checkbox"/> MRC <input type="checkbox"/> HUD |

V. PROPOSED USE OF BUILDING/Plan Review Information

A. RESIDENTIAL – Buildings Regulated by Michigan Residential Code

- | | | | |
|---|--|---|---|
| 1. <input type="checkbox"/> One Family | 3. <input type="checkbox"/> Townhouse
Number of Units _____ | 4. <input type="checkbox"/> Attached Garage | 6. <input type="checkbox"/> Post Frame Building |
| 2. <input type="checkbox"/> Two or More Family
Number of Units _____ | | 5. <input type="checkbox"/> Detached Garage | 7. <input type="checkbox"/> Other |

B. Buildings Regulated by Michigan Building Code

- | | | |
|--|--|---|
| 8. <input type="checkbox"/> (A-1) Assembly (Theatres, Etc.) | 17. <input type="checkbox"/> (H-1) High hazard (Detonation) | 26. <input type="checkbox"/> (M) Mercantile |
| 9. <input type="checkbox"/> (A-2) Assembly (Restaurants, Bars, Etc.) | 18. <input type="checkbox"/> (H-2) High hazard (Deflagration) | 27. <input type="checkbox"/> (R-1) Residential (Hotels, Motels) |
| 10. <input type="checkbox"/> (A-3) Assembly (Churches, Lib, Etc.) | 19. <input type="checkbox"/> (H-3) High hazard (Combustion) | 28. <input type="checkbox"/> (R-2) Residential (Multiple Family) |
| 11. <input type="checkbox"/> (A-4) Assembly (Indoor sports, Etc.) | 20. <input type="checkbox"/> (H-4) High hazard (Health Hazard) | 29. <input type="checkbox"/> (R-3) Residential (Child & Adult Care) |
| 12. <input type="checkbox"/> (A-5) Assembly (Outdoor sports, Etc.) | 21. <input type="checkbox"/> (H-5) High hazard (HPM) | 30. <input type="checkbox"/> (R-4) Residential (Assisted Living) |
| 13. <input type="checkbox"/> (B) Business | 22. <input type="checkbox"/> (I-1) Institutional (Supervised) | 31. <input type="checkbox"/> (S-1) Storage (Moderate Hazard) |
| 14. <input type="checkbox"/> (E) Education | 23. <input type="checkbox"/> (I-2) Institutional (Hospitals, Etc.) | 32. <input type="checkbox"/> (S-2) Storage (Low Hazard) |
| 15. <input type="checkbox"/> (F-1) Factory (Moderate Hazard) | 24. <input type="checkbox"/> (I-3) Institutional (Prisons, Etc.) | 33. <input type="checkbox"/> (U) Utility (Miscellaneous) |
| 16. <input type="checkbox"/> (F-2) Factory (Low Hazard) | 25. <input type="checkbox"/> (I-4) Institutional (Day Care, Etc.) | |

C. Alteration, repairs and additions – Provide a description of the work to be covered by building permit. As examples; 5,000 square foot alteration of interior office space, a 2500 square foot addition to storage building, replace 5 exterior windows and 2 doors, renovate basement in a residence to occupiable space, etc. **If use of existing building is being changed, enter proposed use.**

VI. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. Masonry, Wall Bearing 2. Wood Frame 3. Structural Steel 4. Reinforced Concrete 5. Other _____

B. PRINCIPAL TYPE OF HEATING FUEL

6. Gas 7. Oil 8. Electricity 9. Coal 10. Other _____ 11. Not Applicable

C. Number of full bathrooms _____
12. Number of half baths _____

D. TYPE SEWAGE DISPOSAL **E. Number of** **F. TYPE OF WATER SUPPLY**

13. Public 14. Septic System 15. Not Applicable 16. Bedrooms 17. Public 18. Private Well 19. Not Applicable

G. TYPE OF MECHANICAL

20. Will there be Air Conditioning? Yes No 21. Will there be Fire Suppression? Yes No

H. Building Data

22. Number of Stories _____ 23. Use Group _____ 24. Construction Type _____ 25. Number of Occupants _____

I. DIMENSION/DATA	NEW (SQ. FT.)	ALTERATIONS (SQ. FT.)	EXISTING (SQ. FT.)	DEPARTMENT USE
26. FLOOR AREA IN SQUARE FEET				
Crawl Space				
Unfinished Basement				
Finished Basement				
Main Floor				
Second Floor				
Third Floor				
Covered Porch				
Enclosed Porch				
Deck				
Attached Garage/Accessory				
Detached Garage/Accessory				
Post Frame Building				
Other				
TOTAL AREA				

VII. APPLICANT INFORMATION

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

Name			
Address		City	State
Zip Code			
Telephone Number	Cell Number	Fax Number	

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 residential structure. Violators of section 23a are subjected to civil fines.

EXPIRATION OF PERMIT: A PERMIT BECOMES INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF THE PERMIT OR IF AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AFTER THE TIME OF COMMENCING THE WORK. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE, OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.

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.

Signature of Owner (Required)	Type or Print Name	Date
Signature of Applicant	Type or Print Name	Date
Printed Name	Position within Company	

Building Permit/Plan Review Fee Enclosed \$ _____ Check # _____ (Base/Processing and plan review fees are non-refundable)

Credit Card Fee will have 3% added to total if used: Permit Fee \$ _____ Card Fee (.03) \$ _____ Total Fee \$ _____

VIII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

PERMIT APPROVALS	REQUIRED	APPROVED	DATE	NUMBER	BY
A. Address	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Health Department- Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Land Use	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E. Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F. State Energy Code	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G. Two (2) Sets of Building Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H. Fire Review	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I. Michigan Dept Environmental Quality	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

IX. VALIDATION – FOR DEPARTMENT USE ONLY

Use Group _____	Base Fee _____
Type of Construction _____	Number of Inspections _____
Square Feet _____	

Approval Signature

CODE OFFICIAL

Date

EXPIRATION OF PERMIT: A permit becomes invalid if the authorized work is not commenced within six months after issuance of the permit OR if authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND OR CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE, OR THE DATE OF A PREVIOUS INSPECTION.

I agree this permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. I understand that this permit will expire, and become null and void if work is not started within 180 days, or abandoned for a period of 180 days at any time after work has commenced. A permit will be closed when no inspections are requested and or conducted within six months of the date of issuance, or the date of a previous inspection; and, that I am responsible for assuring all required inspections are requested in conformance with the applicable code. I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws and codes of the State of Michigan and the ordinances of the local jurisdiction. All information on the permit application is accurate to the best of my knowledge.

Signature of applicant: _____

Printed Name: _____

Email Address: _____

Received:

By: _____

NOTICE *NOTICE* *NOTICE* *NOTICE*

Due to a 2006 change in the 2003 Michigan Residential Code, smoke detectors are now required to be upgraded whenever a permit is obtained. Smoke detectors are required in every bedroom, adjacent to every bedroom, and on every level of the home. MRC 313.2.1.

Article V Section 501: The Leelanau County Zoning Ordinance requires address posting of all properties. Final inspections will not be approved without the address being posted on the property. Please notify responsible persons in charge.