

**MONTMORENCY COUNTY
APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

Building Department
P.O. Box 789
Atlanta, MI 49709
(989) 785-8006

<p>AUTHORITY: PA. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: APPLICATION MUST BE COMPLETED, SIGNED PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.</p>	<p>MONTMORENCY COUNTY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.</p>
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION
FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

I. LOCATION OF BUILDING			
ADDRESS _____			
CITY/VILLAGE _____	TOWNSHIP _____	COUNTY _____	ZIP CODE _____
BETWEEN _____		AND	_____
II. IDENTIFICATION			
A. OWNER OR LESSEE		TAX ID # _____	
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
B. ARCHITECT OR ENGINEER			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
LICENSE NUMBER _____		EXPIRATION DATE _____	
C. CONTRACTOR			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
BUILDERS LICENSE NUMBER _____		EXPIRATION DATE _____	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _____			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> WRECKING	7. <input type="checkbox"/> FOUNDATION ONLY
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE
			9. <input type="checkbox"/> RELOCATION
			10. <input type="checkbox"/> RE-ROOF
B. REVIEW(S) TO BE PERFORMED			

ESTIMATED COST

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL - FOR "WRECKING," SHOW MOST RECENT USE

- 1. ONE FAMILY
- 2. TWO OR MORE FAMILIES (NO. OF UNITS _____)
- 3. HOTEL, MOTEL (NO. OF UNITS _____)
- 4. ATTACHED GARAGE
- 5. DETACHED GARAGE
- 6. OTHER

B. NON-RESIDENTIAL - FOR "WRECKING," SHOW MOST RECENT USE

- 7. AMUSEMENT
- 8. CHURCH, RELIGION
- 9. INDUSTRIAL
- 10. PARKING GARAGE
- 11. SERVICE STATION
- 12. HOSPITAL, INSTITUTIONAL
- 13. OFFICE, BANK, PROFESSIONAL
- 14. PUBLIC UTILITY
- 15. SCHOOL, LIBRARY, EDUCATIONAL
- 16. STORE, MERCANTILE
- 17. TANKS, TOWERS
- 18. OTHER

NONRESIDENTIAL - 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.

V. 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

C. TYPE OF SEWAGE DISPOSAL

- 11. PUBLIC OR PRIVATE COMPANY
- 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

- 13. PUBLIC OR PRIVATE COMPANY
- 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

- 15. WILL THERE BE AIR CONDITIONING? YES NO
- 16. WILL THERE BE AN ELEVATOR? YES NO

F. DIMENSIONS _____ x _____ = _____ sq. ft.

- 17. NUMBER OF STORIES _____
- 18. FLOOR AREA: 1ST & 2ND FLOOR _____
- 3RD - 10TH FLOOR _____
- 11TH - ABOVE FLOOR _____
- TOTAL LAND AREA (SQUARE FEET) _____
- TOTAL AREA _____

G. NUMBER OF OFF STREET PARKING SPACES

- 19. ENCLOSED _____
- 20. OUTDOORS _____

VI. 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.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			

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 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, 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.

FEE ENCLOSED \$	
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SIGNATURE OF APPLICANT

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

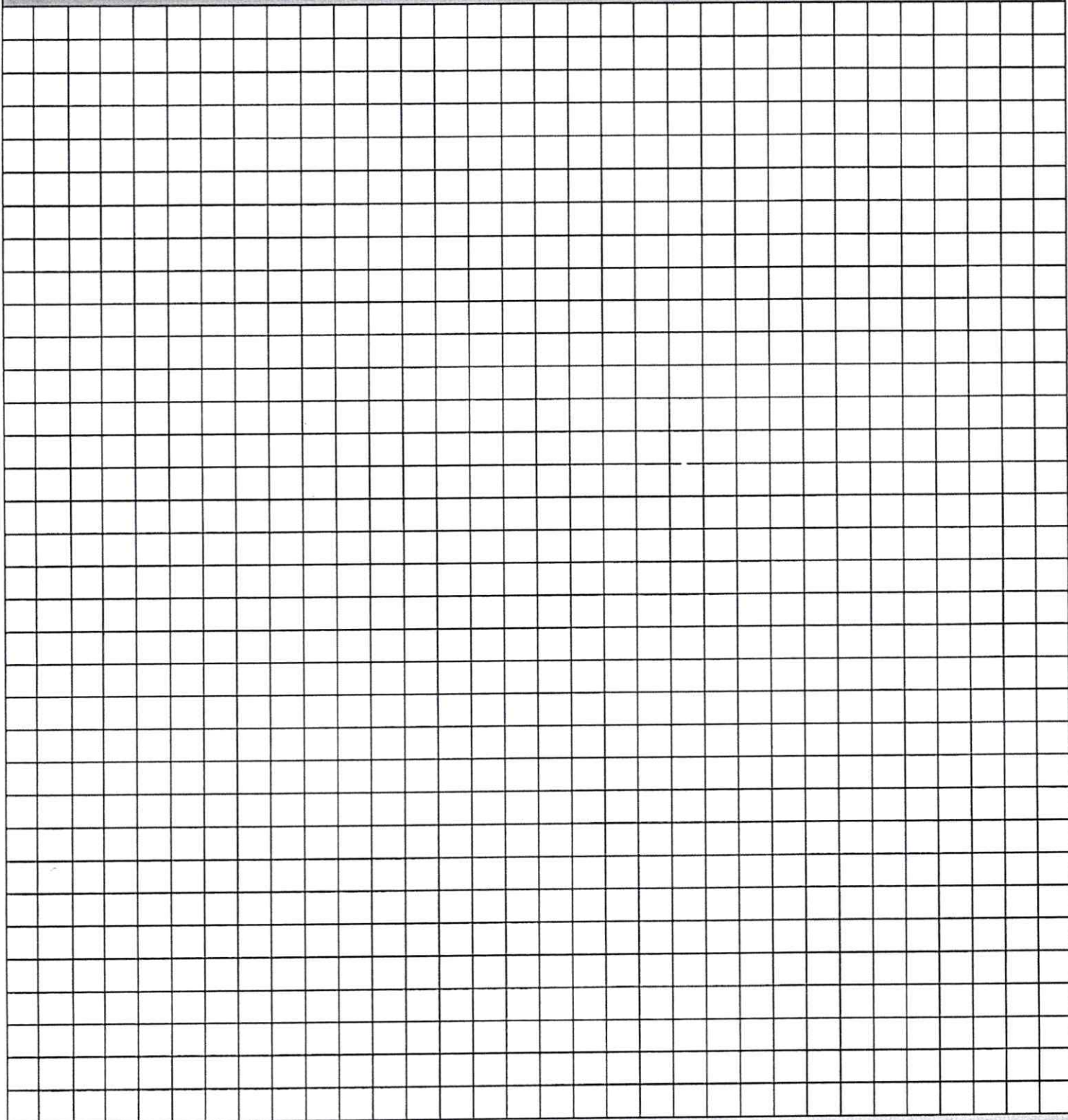
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> 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 - SEPTIC SYSTEM	<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

NOTES AND DATA

BUILDING PERMIT NUMBER	APPROVAL SIGNATURE
ISSUE DATE	
PERMIT FEE	TITLE

IX. SITE OR PLOT PLAN - FOR APPLICANT USE



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:

