

FOR OFFICE USE ONLY



APPLICATION FOR BUILDING PERMIT

Arenac County Building Department
120 N. Grove, P.O. Box 724, Standish, MI 48658
Ph. 989-846-9791 Fax 989-846-9188
Email: permits@arenacounty.gov

Permit #

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT. PENALTY: APPLICATION MUST BE COMPLETED, SIGNED AND PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.

ARENAC COUNTY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.

* ADDRESS MUST BE CLEARLY POSTED AT ROAD *

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI, VII, XI & SITE PLAN PAGE

NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THIS DEPARTMENT FOR ELECTRICAL, MECHANICAL & PLUMBING WORK PERMITS.

I. *Is your project within 500 feet of a county drain, lake, stream or waterway? ___Yes ___No (*required)
(THIS MAY OR MAY NOT NECESSITATE A SOIL EROSION SEDIMENT CONTROL PERMIT OR WAIVER)

IS A LAND USE PERMIT REQUIRED FROM YOUR TOWNSHIP, CITY OR VILLAGE? (Home, decks, utility structures, garage, etc)

YES, IT'S ATTACHED NO, I'M NOT CHANGING OR ADDING TO THE FOOTPRINT

II. LOCATION OF PROJECT

| | | |
|--------------------------------|--------------------|----------|
| Property / Site Address | City/Village & Zip | Township |
| Property Tax ID# (Required) | Directions to site | |

III. OWNER OR LESSEE IDENTIFICATION

| | | |
|--|----------------|--------------------|
| Owner name | Phone number | Cell phone number: |
| Owner mailing address (Street or P.O. Box) | City/state/zip | |

IV. CONTRACTOR

| | |
|---|-----------------|
| Name | Business Name |
| Cell phone | Business phone |
| Mailing address | City/state/zip |
| Builder license number | Expiration date |
| Federal employer ID number or reason for exemption | |
| Worker's Comp Insurance Carrier or reason for exemption | |
| MESC Employer number or reason for exemption | |

VI. ARCHITECT OR ENGINEER INFORMATION

| | |
|----------------|-----------------|
| Name | |
| Address | City/state/zip |
| License number | Expiration date |

VI. TYPE OF IMPROVEMENT & PLAN REVIEW

A. TYPE OF IMPROVEMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> NEW RESIDENCE (STICK-BUILT) | <input type="checkbox"/> GARAGE | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> MOBILE OR MANUFACTURED HOME SET UP | <input type="checkbox"/> ADDITION | <input type="checkbox"/> DECK (COVERED/UNCOVERED?) |
| <input type="checkbox"/> STATE APPROVED (MODULAR) HOME | <input type="checkbox"/> ALTERATIONS / REPAIR | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ACCESSORY BUILDING OR POLE BARN | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> OTHER _____ |

B. REVIEW(S) TO BE PERFORMED- ALL COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FOUNDATION ONLY | |

VII. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- ONE FAMILY ATTACHED GARAGE ACCESSORY STRUCTURE/POLE BARN OTHER _____
 DETACHED GARAGE - IS THERE REINFORCEMENT ROD? YES NO
 TWO OR MORE FAMILY NUMBER OF UNITS _____

B. NON-RESIDENTIAL / ANY COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS

- AMUSEMENT SERVICE STATION CHURCH, RELIGION SCHOOL, LIBRARY, EDUCATIONAL
 INDUSTRIAL PARKING GARAGE PUBLIC UTILITY HOSPITAL, INSTITUTIONAL
 TANKS, TOWERS STORE, MERCHANTILE OTHER OFFICE, BANK, PROFESSIONAL

NON-RESIDENTIAL: DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, I.E. 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:

VIII. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- WOOD FRAME STRUCTURAL STEEL BEARING OTHER _____
 MASONARY, WALL BEARING REINFORCED CONCRETE

B. PRINCIPAL TYPE OF HEATING FUEL

- GAS OIL ELECTRICITY OTHER _____

C. PRINCIPAL TYPE OF SEWAGE DISPOSAL

- PUBLIC OR PRIVATE COMPANY SEPTIC

D. TYPE OF WATER SUPPLY

- PUBLIC OR PRIVATE COMPANY PRIVATE WELL, TANKS OR CISTERN

WELL / SEPTIC PERMIT(S) or EVALUATION(S) REQUIRED? (New home or adding bedroom(s), etc) YES, ATTACHED NO

E. TYPE OF MECHANICAL

- CENTRAL AIR? YES NO AN ELEVATOR? YES NO FIRE SUPPRESION? YES NO

F. DIMENSIONS / DATA

NUMBER OF STORIES: _____ (1, 1 ½, 2, 3- basements are not considered a story height)

| FLOOR AREA: | EXISTING | ALTERATIONS/ REMODEL/RENOVATE | NEW BUILD / ADDITION | |
|--|----------|----------------------------------|----------------------|-------------|
| | | | DIMENSIONS | SQUARE FEET |
| BASEMENT | | | | |
| 1 ST & 2 ND FLOOR | | | | |
| 3 RD – 10 TH FLOOR | | | | |
| 11 TH – ABOVE | | | | |
| GARAGE/ POST FRAME OR SHED (CIRCLE ONE) | | | | |
| DECK - PORCH AREA | | | | |

G. NUMBER OF OFF-STREET PARKING SPACES _____ ENCLOSED _____ OUTDOORS

I understand that prints are required with the application. They are attached.

XI. APPLICANT INFORMATION

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

| | |
|-----------------|---|
| Name | |
| Mailing Address | City/state/zip |
| Phone | Applicants date of birth (month, day, year) |

I AM APPLYING FOR THIS PERMIT AS A LICENSED CONTRACTOR. 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.

OR

I AM PULLING THIS PERMIT AS A HOME OWNER. I UNDERSTAND THAT DOING SO, I CAN DO THE WORK MYSELF. IF ANOTHER INDIVIDUAL OR CONTRATOR PERFORMS THE WORK, I UNDERSTAND THAT THAT INDIVIDUAL OR CONTRACTOR MUST BE LICENSED WITH THE STATE OF MICHIGAN FOR THE TYPE OF WORK BEING PERFORMED.

By signing below, I/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 residential structure. Violators of section 23a are subjected to civil fines.

Signature X _____

Signature of Building Contractor or Homeowner (Homeowner signature indicates compliance with Homeowner Affidavit)

GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

| | | REQUIRED? | ✓APPROVED | DATE | NUMBER | AUTHORIZED SIGNATURE |
|----|------------------|--------------------------|-----------|------|--------|----------------------|
| A. | ZONING | | | | | |
| B. | FLOOD ZONE | YES OR NO? CIRCLE ONE | | | | |
| C. | SOIL EROSION | | | | | |
| D. | WATER SUPPLY | | | | | |
| E. | SEPTIC SYSTEM | | | | | |
| F. | FIRE DISTRICT | | | | | |
| G. | VARIANCE GRANTED | | | | | |
| H. | OTHER | | | | | |

VALIDATION – FOR DEPARTMENT USE ONLY

| | | |
|-----------------------|--|--|
| USE GROUP | TYPE OF CONSTRUCTION | SQUARE FEET |
| NUMBER OF INSPECTIONS | <input type="checkbox"/> RESIDENTIAL PLAN REVIEW INCLUDED <input type="checkbox"/> COMMERCIAL PLAN REVIEW | CODE CYCLE <input type="checkbox"/> MRC <input type="checkbox"/> MBC |
| APPROVAL SIGNATURE | | |
| TITLE | | |
| TOTAL FEE PAID | BLOWER DOOR TEST REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

FOR APPLICANT USE – SITE OR PLOT PLAN- (Required)  N

SKETCH AN AERIAL VIEW OF THE BUILDING SITE INCLUDING ROAD FRONTAGE, EXISTING BUILDING(S) AND DRIVEWAYS, ETC.

(This does NOT replace the Prints that we require!)