

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Crawford County Building and Safety

200 W Michigan Ave

Grayling, MI 49738

989-344-3233 Fax 989-348-1016 polmstead@crawfordco.org

AUTHORITY: PA 230 of 1972, as amended  
 COMPLETION: Mandatory to obtain permit  
 PENALTY: Permit will not be issued

The Department will not discriminate against any individual or group because of race , sex, religion, age, national origin, color, martial status, handicap, or political beliefs.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI.  
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,  
 MECHANICAL AND ELECTRICAL WORK PERMITS

## I. PROJECT INFORMATION

|              |          |         |          |  |
|--------------|----------|---------|----------|--|
| PROJECT NAME |          | ADDRESS |          |  |
| CITY         | TOWNSHIP | COUNTY  | ZIP CODE |  |
| BETWEEN      |          | AND     |          |  |

## II. IDENTIFICATION

### A. OWNER OR LESSEE

|      |         |          |           |  |
|------|---------|----------|-----------|--|
| NAME | ADDRESS | EMAIL    |           |  |
| CITY | STATE   | ZIP CODE | TELEPHONE |  |

### B. ARCHITECT OR ENGINEER

|                |         |                 |           |  |
|----------------|---------|-----------------|-----------|--|
| NAME           | ADDRESS | EMAIL           |           |  |
| CITY           | STATE   | ZIP CODE        | TELEPHONE |  |
| LICENSE NUMBER |         | EXPIRATION DATE |           |  |

### C. CONTRACTOR

|  |         |                 |           |  |
|--|---------|-----------------|-----------|--|
| NAME   | ADDRESS | EMAIL           |           |  |
| CITY   | STATE   | ZIP CODE        | TELEPHONE |  |
| 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"/> DEMOLITION        | 7. <input type="checkbox"/> FOUNDATION ONLY | 9. <input type="checkbox"/> RELOCATION          |
| 2. <input type="checkbox"/> ADDITION     | 4. <input type="checkbox"/> REPAIR     | 6. <input type="checkbox"/> MOBILE-HOME SETUP | 8. <input type="checkbox"/> PRE-MANUFACTURE | 10. <input type="checkbox"/> SPECIAL INSPECTION |

### B. PERMITS REQUIRED

- |                                      |  |  |                                      |  |
|--------------------------------------|--|--|--------------------------------------|--|
| 1. <input type="checkbox"/> BUILDING | 2. <input type="checkbox"/> ELECTRICAL | 3. <input type="checkbox"/> MECHANICAL | 4. <input type="checkbox"/> PLUMBING | 5. <input type="checkbox"/> FOUNDATION |
|--------------------------------------|--|--|--------------------------------------|--|

#### IV. PROPOSED USE OF BUILDING

##### A. RESIDENTIAL

1.  ONE FAMILY  
 2.  2 OR MORE UNITS \_\_\_\_\_ # OF UNITS  
 3.  HOTEL/MOTEL \_\_\_\_\_ # OF UNITS  
 4.  ATTACHED GARAGE  
 5.  DETACHED GARAGE  
 6.  OTHER

##### B. NON-RESIDENTIAL

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

Non-Residential - 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  
 PRIVATE COMPANY  
 12.  SEPTIC SYSTEM

##### D. TYPE OF WATER SUPPLY

13.  PUBLIC  
 PRIVATE COMPANY  
 14.  PRIVATE WELL OR CISTERN

##### E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING?  YES  NO  
 16. WILL THERE BE FIRE SUPPRESSION?  YES  NO

##### F. DIMENSIONS/DATA

|                             | EXISTING | ALTERATIONS | NEW   |
|-----------------------------|----------|-------------|-------|
| 17. NUMBER OF STORIES _____ |          |             |       |
| 18. USE GROUP _____         |          |             |       |
| 19. CONSTRUCTION TYPE _____ |          |             |       |
| 20. # OF OCCUPANTS _____    |          |             |       |
| 21. FLOOR AREA              |          |             |       |
| BASEMENT                    | _____    | _____       | _____ |
| 1ST & 2ND FLOOR             | _____    | _____       | _____ |
| 3RD - 10TH FLOOR            | _____    | _____       | _____ |
| 11th - ABOVE FLOOR          | _____    | _____       | _____ |
| TOTAL AREA                  | _____    | _____       | _____ |

##### G. NUMBER OF OFF-STREET PARKING SPACES

22. ENCLOSED \_\_\_\_\_  
 23. OUTDOORS \_\_\_\_\_

**VI. SITE OR PLOT PLAN - FOR APPLICANT USE**

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

|      |         |     |           |
|------|---------|-----|-----------|
| NAME | ADDRESS |     | EMAIL     |
| CITY | STATE   | ZIP | TELEPHONE |

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 APPLICANT

X

PLAN REVIEW FEE ENCLOSED \_\_\_\_\_ BUILDING PERMIT FEE ENCLOSED \_\_\_\_\_

**VII. LOCAL GOVERNMENT 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 |          |      |        |    |

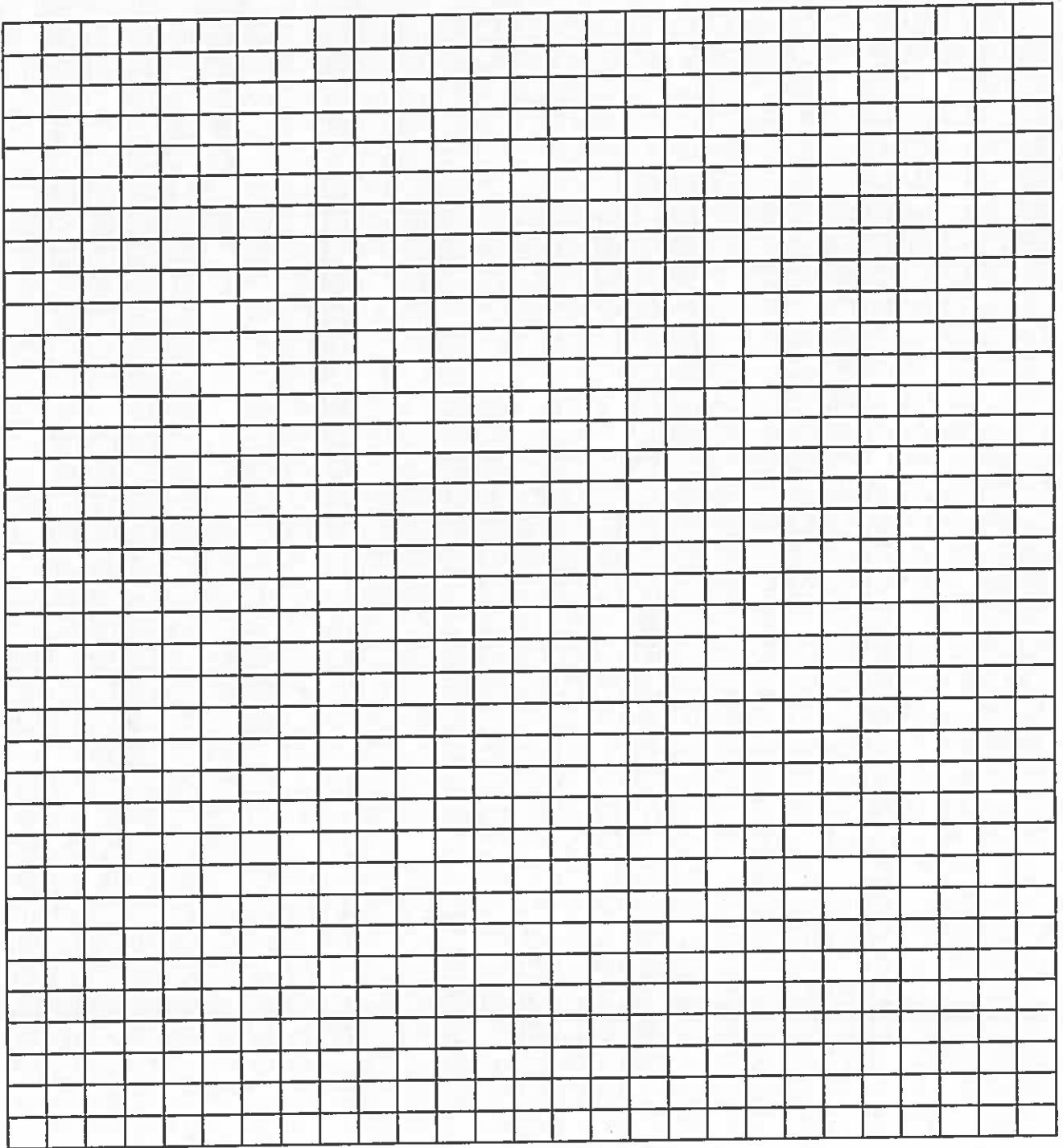
**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_  
 TYPE OF CONSTRUCTION \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_  
 SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**IX. SITE OR PLAN- FOR APPLICANT USE ONLY**



**DIRECTIONS TO SITE:**