

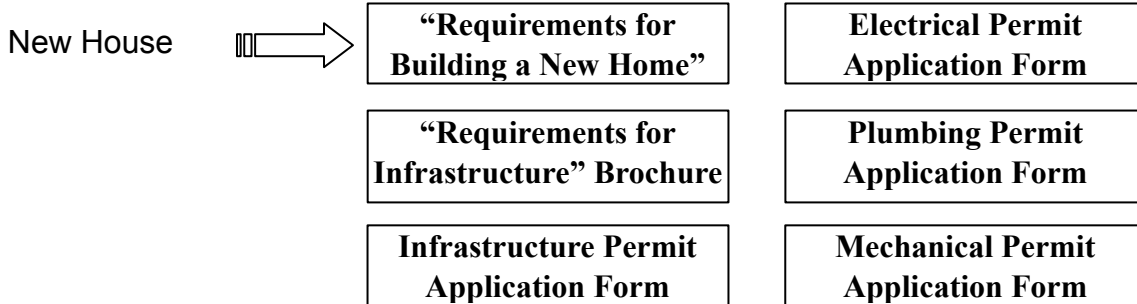
BUILDING PERMIT CHECKLIST

Building Permit Application

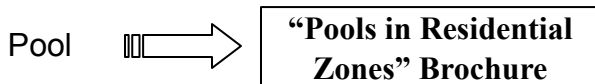
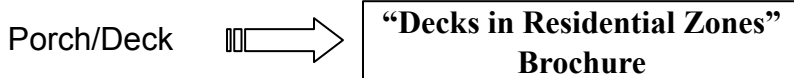
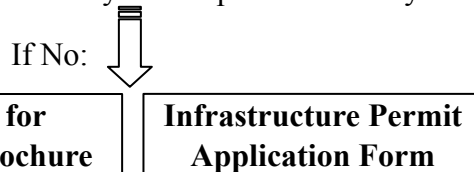
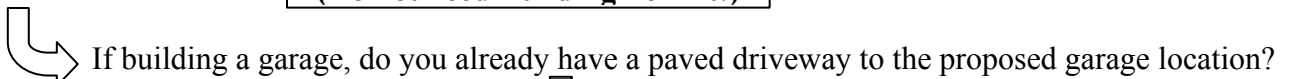
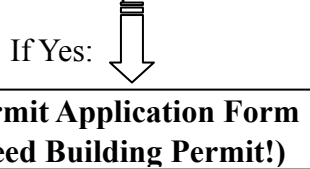
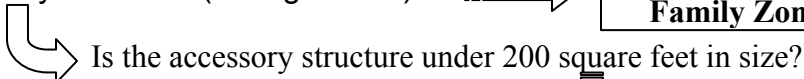
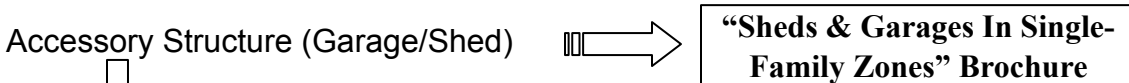
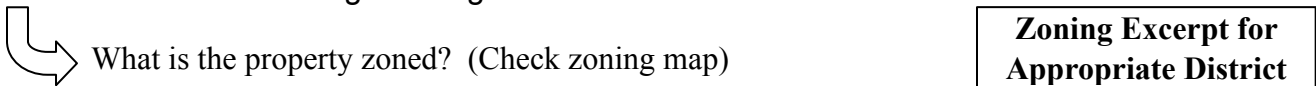
“Building Permit Requirements”

Staff Initials:

WHAT IS BEING CONSTRUCTED?



Addition to Existing Building



If you are either constructing Street Opening, Sidewalk, Curb Cut or Drive Approach ONLY, or ONLY installing utilities (water or sewer), then you do not need building permit application or requirements info. You just need:





BUILDING PERMIT APPLICATION

For questions or to schedule an inspection, contact

Tim Flynn @ (616) 894-1776, or flynnt@charter.net

Type of Improvement

New Building	Addition	Alteration	Demolition	Pool/Hot Tub¹
Moving of Structure	Porch/Deck³	Garage/Carport	Sign²	Other

¹All pools, spas, hot tubs or similar devices which contain 24" or more of water in depth at any point require a building permit.
²All signs require a building permit except: directional signs, 6 sq. ft. or less; government signs; placards; temporary sale signs of 4 sq. ft. or less; windows signs; and political signs. A separate sign permit information sheet must be filled out as well as this application form.
³All decks which are more than 1 step or 8" off of the ground require a building permit. All other decks require a zoning permit.

Proposed Use

Single-Family Multiple Family Other

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number(s): _____ E-mail: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____ **Date:** _____

Applicant is the: Owner Lessee Contractor/Architect

Contractor's License Number: _____

Property Owner's Name (if different from applicant): _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number(s): _____ E-mail: _____

Project Location or Address:

Cross Streets, Between: _____ and _____

Permanent Parcel Number: _____

Property is: Residential Commercial Industrial Property zoned: _____

Building Dimensions Width: _____ Length: _____ Height: _____

Type of Foundation: _____

Type of Heat: _____

For commercial or industrial projects, estimated project cost: \$ _____

Call Miss Dig at 1-800-482-7171 three days prior to digging. A minimum of 2 working days is required before actual work begins.

TO BE COMPLETED BY CITY

Date application and fee received: _____ Staff Initials: _____ Receipt #: _____

MICHIGAN ENERGY CODE (Residential Only)

Date: _____ **Job Address:** _____

What is being built?: _____

Attic Insulation: _____ Inches Blown-in or Batt

Sidewall Insulation: _____ Inches Blown-in or Batt

Home will have Thermal windows: Double pane or Triple pane

Will sill be insulated? Yes No

Sheathing Type? _____

This structure meets the State Energy Code Requirements:
 Builder

BUILDING CONTRACTOR INFORMATION

Name on License: _____

License Number: _____ MESC Number: _____

Federal ID Number: _____ Employees?: Yes No

Workers Comp Carrier: _____

I hereby certify that the proposed work is authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws on the State of Michigan and the local jurisdiction.

All information 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 the 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.

Signature: _____ **Date:** _____

The above information is required under Public Act 135 of 1989 effective October 1, 1989.

PROPERTY OWNER AFFIDAVIT

In compliance with P.A. 383 of 1965 (residential builders, maintenance and alteration contractors law) and amendment of section 16A by P.A. 153 of 1967.

STATE OF MICHIGAN, COUNTY OF IONIA, I _____
(Name)

(Address) (Phone Number)

BY SIGNING THIS STATEMENT, I ASSUME THE FOLLOWING RESPONSIBILITIES:

1. The work regulated by this permit must meet zoning and building code regulations. If a violation exists, the holder of the permit must improve it to acceptable standards.
2. The permit holder assumes all insurance liability.
3. The responsibility for injury to workers also falls on the PERMIT HOLDER as homeowners' policies DO NOT normally cover workers compensation claims.

Signature: _____ **Date:** _____