

Application for Building Permit

Antrim County Building Department

P.O. Box 188

Bellaire, Michigan 49615

231-533-8373

FAXED COPIES NOT ACCEPTED

Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit will not be issued

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					<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> CONTRACTOR		
SITE ADDRESS			CITY		VILLAGE/TOWNSHIP		
PROPERTY TAX NUMBER			SECTION	TOWN		RANGE	
Direction to site:							
II. IDENTIFICATION							
A. OWNER – MAILING ADDRESS		E-mail _____			Fax # _____		
NAME			MAILING ADDRESS				
CITY			STATE	ZIP CODE		TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER		E-mail _____					
NAME			ADDRESS				
CITY			STATE	ZIP CODE		TELEPHONE NUMBER	
LICENSE NUMBER						EXPIRATION DATE	
C. CONTRACTOR		E-mail _____			Fax # _____		
NAME			ADDRESS				
CITY			STATE	ZIP CODE		TELEPHONE NUMBER	
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. PLAN REVIEW							
A. PLAN REVIEW REQUIRED							
<p>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.</p> <p>Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear the architect's or engineer's seal and signature.</p>							
Revised 07-16-18							

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | | | |
|--|---|--|---|--|
| 1. <input type="checkbox"/> ONE FAMILY
<input type="checkbox"/> PERMANENT
<input type="checkbox"/> VACATION
<input type="checkbox"/> SPEC | 3. <input type="checkbox"/> ADDITIONS | 7. <input type="checkbox"/> MODULAR | 10. <input type="checkbox"/> RELOCATION | 13. <input type="checkbox"/> POLE BUILDING |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. <input type="checkbox"/> ALTERATIONS | 8. <input type="checkbox"/> MOBILE YEAR _____
MAKE _____ | 11. <input type="checkbox"/> FOUNDATION ONLY | 14. <input type="checkbox"/> OTHER _____ |
| | 5. <input type="checkbox"/> ATTACHED GARAGE | 9. <input type="checkbox"/> HOTEL, MOTEL
NO. OF UNITS _____ | 12. <input type="checkbox"/> DECKS
PORCHES | 15. <input type="checkbox"/> DEMO OF _____ |
| | 6. <input type="checkbox"/> DETACHED GARAGE | | | |

PLEASE CHECK OFF FOUNDATION TYPE!

15. Existing _____ Slab _____ Crawl space _____ Base /unfin _____ Part fin _____ Base/finished _____ Post _____

B. NON-RESIDENTIAL

- | | | |
|--|---|--|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> LIBRARY |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 18. <input type="checkbox"/> 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

SERVICE AMPS _____

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. HTG/ BTU _____

C. TYPE OF SEWAGE DISPOSAL

12. PUBLIC OR PRIVATE COMPANY 13. SEPTIC SYSTEM – NUMBER OF BEDROOMS _____

D. TYPE OF WATER SUPPLY

14. PUBLIC OR PRIVATE COMPANY 15. PRIVATE WELL OR CISTERN 16. # OF PLBG FIXTURES _____

E. TYPE OF MECHANICAL

17. WILL THERE BE AIR CONDITIONING? YES NO COOLING BTU _____ 18. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

		WIDTH	LENGTH	SQ. FT.
19. NUMBER OF STORIES	_____			
20. USE GROUP	_____			
21. CONST. TYPE	_____			
22. NO. OF OCCUPANTS	_____			
	23. FOUNDATION AREA			
	DWELLING – 1 ST FLOOR	_____	_____	_____
	DWELLING – 2 ND FLOOR	_____	_____	_____
	GARAGE/POLE BLDG	_____	_____	_____
	DECKS	_____	_____	_____
	PORCHES	_____	_____	_____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR ALL WORK ON JOB, PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION. APPLICANT MUST SIGN BELOW.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

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	DATE
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<i>Driver License Number</i>	<i>Date of Birth</i>
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VII. LOCAL GOVERNMENTAL AGENCY COPIES OF PERMITS REQUIRED.

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - FLOOD PLAN ELEVATION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - DEQ PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. FOR DEPARTMENT USE ONLY

BASE FEE : _____
 SQ. FT. FEE : _____
TOTAL FEES: _____

IX. NUMBER OF OFF STREETS PARKING SPACES

ENCLOSED _____ OUTDOORS _____

