

Montcalm County Department of Building Safety

211 W Main / Box 368 / Stanton, Michigan 48888

Phone 989-831-7394 * FAX 989-831-7392

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APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

| | | |
|--|---|----------------------|
| AUTHORITY: P.A. 230 OF 1972, AS AMENDED | THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS. | |
| COMPLETION: MANDATORY TO OBTAIN A PERMIT | | |
| PENALTY: PERMIT WILL NOT BE ISSUED | | |
| PERMIT # | APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI - NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRIC PERMITS DETAILED CONSTRUCTION DRAWINGS SHALL BE SUBMITTED WITH APPLICATION | DATE OF ISSUE |

I. PROJECT INFORMATION

| | | | |
|--|---|------------------------|----------|
| PROJECT NAME (home-owner's name, business, church, etc.) | ADDRESS (if new address a copy from Equalization is required) | | |
| CITY/VILLAGE | TOWNSHIP | SECTION | ZIP CODE |
| SPECIAL DIRECTIONS | | PARCEL # 059- - - - | |

II. IDENTIFICATION

A. OWNER OR LESSEE

| | | | |
|------|---|----------|------------------|
| NAME | ADDRESS (number, street, P. O. Box, Apt., etc.) | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |

B. ARCHITECT, ENGINEER, DESIGNER (home-owner, builder, lumber company, design company, etc.)

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

C. CONTRACTOR Computer # _____ or complete all of section C.

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

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 RESIDENTIAL COMMERCIAL

| | | | | | |
|---|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> ADDITION | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> REPAIR | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> CHANGE OF USE |
| <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> RELOCATION | <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> DOUBLEWIDE | <input type="checkbox"/> BOCA MODULAR | <input type="checkbox"/> OTHER |

DESCRIPTION OF WORK TO BE PERFORMED: _____

ZONING # _____ HEALTH # _____ SOIL & EROSION _____

SITE OR PLOT PLAN – MUST BE FILLED IN BY APPLICANT – OR ATTACH COPY

All site plans shall show the location of the septic system and well or provide approval from the MMDHD (health dept.)
Site plan shall include all buildings on the property.

A large grid for drawing the site or plot plan. The grid is composed of small squares and is intended for the applicant to draw the location of the septic system, well, and all buildings on the property.

ROAD (draw location of driveway)

Name of Road: _____

Distance in feet from edge of construction to property line:

FRONT from road R.O.W. _____

REAR _____

LEFT SIDE LINE _____

RIGHT SIDE _____

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Home Owner Permit Policy

The Michigan Licensing Law gives a homeowner an exemption to act as his or her own general contractor. This means that in the case of his or her own single-family residence, that they will occupy, the homeowner may obtain a building permit for construction at his or her own home. Even though a licensed or unlicensed builder may be significantly involved.

If you, the homeowner, choose to act as your own general contractor and obtain the required building permit, **please be aware of the following.**

AS THE PERMIT HOLDER YOU, THE HOMEOWNER, INCUR ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

1. The Montcalm County Building Department cannot assist you in any cause of action against an unlicensed contractor you have hired to perform work under the Building Permit you obtained.
2. It is the HOMEOWNERS responsibility to have a complete understanding and knowledge of the current Building Code.
3. You, the homeowner, are responsible to correct any code violations. Even if the contractor or any other persons did the work, under the permit you obtained.
4. You, the homeowner, could be held liable for any injury, which occurs on the job, whether it is the builder or subcontractor's employee.
5. In the event of an occurrence beyond the builders control, which causes the builder to be unable to complete the work, you, the homeowner, will be legally responsible for completion of the job, under the permit you obtained

I, _____, have read and understand the above information and

(Print name)

still wish to obtain the required Building Permit.

(Signature)

(Date)

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 | |
| ADDRESS | CITY | STATE | ZIP CODE |

DRIVERS LICENSE 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/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 the 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

VII. FOR DEPARTMENT USE ONLY

ENVIRONMENTAL CONTROL APPROVALS

| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|---|-----------|----------|------|--------|----|
| A – ZONING | | | | | |
| B – ADDRESS(Equalization copy required) | | | | | |
| C – DRIVEWAY PERMIT | | | | | |
| D – PLANS/BLUE PRINTS | | | | | |
| E – SOIL EROSION | | | | | |
| F – FLOOD ZONE | | | | | |
| G – WATER SUPPLY | | | | | |
| H – SEPTIC SYSTEM | | | | | |
| I – VARIANCE GRANTED | | | | | |
| J – OTHER | | | | | |

VII. VALIDATION – FOR DEPARTMENT USE ONLY

PERMIT FEES

| | | | | |
|----------------------------|-----------------------------|----------|------------|-------|
| BUILDING | ELECTRIC | PLUMBING | MECHANICAL | TOTAL |
| USE GROUP _____ | SQUARE FEET _____ | | | |
| TYPE OF CONSTRUCTION _____ | NUMBER OF INSPECTIONS _____ | | | |
| APPROVAL SIGNATURE _____ | | | DATE _____ | |

BFB _____ FDN _____ GPB _____ DF(deck) _____ BR(roof) _____ MODB _____ SF _____ BFR _____