

# Montcalm County Department of Building Safety

211 W Main / Box 368 / Stanton, Michigan 48888

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

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN A 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, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.	
<b>PERMIT #</b>	<b>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</b>	<b>DATE OF ISSUE</b>
<b>I. PROJECT INFORMATION</b>		
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- - - -
<b>II. IDENTIFICATION</b>		
<b>A. OWNER OR LESSEE</b>		
NAME		ADDRESS (number, street, P. O. Box, Apt., etc.)
CITY	STATE	ZIP CODE
		TELEPHONE NUMBER
<b>B. ARCHITECT, ENGINEER, DESIGNER</b> (home-owner, builder, lumber company, design company, etc.)		
NAME		ADDRESS
CITY	STATE	ZIP CODE
		TELEPHONE NUMBER
LICENSE NUMBER	EXPIRATION DATE	FAX NUMBER
<b>C. CONTRACTOR</b> 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		
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>		
<b>A. TYPE OF IMPROVEMENT</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MOBILE HOME
<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> CHANGE OF USE
<input type="checkbox"/> DOUBLEWIDE	<input type="checkbox"/> BOCA MODULAR	<input type="checkbox"/> OTHER
DESCRIPTION OF WORK TO BE PERFORMED: _____		
_____		
_____		
ZONING <input type="checkbox"/> # _____	HEALTH <input type="checkbox"/> # _____	SOIL & EROSION <input type="checkbox"/> _____



**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 a site or plot plan. The grid is composed of small squares, approximately 1/4 inch by 1/4 inch, and covers the majority of the page area below the header.

**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
FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER		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. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION**

**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 \_\_\_\_\_