

Application For Agricultural Building

Mecosta Township
Building Department
19729 11 Mile Rd.
Big Rapids, MI 49307
Phone (231) 796-8935 Ext. 1
Fax (231) 796-9185

Authority: P.A. 230 of 1972, As Amended
Completion: Mandatory To Obtain Permit
Penalty: Permit Will Not Be Issued

Applicant to Complete All Items
Note: Separate Applications Must Be Completed for Plumbing, Mechanical, And Electrical Work Permits

I. Project Information

Project Name		Address		
City	Village	Township	County	Zip Code
Between		And		

II. Identification

A. Owner or Lessee				
Name		Address		
City	State	Zip Code	Telephone Number	
B. Architect or Engineer				
Name		Address		
City	State	Zip Code	Telephone Number	
License Number		Expiration Date		
C. Contractor				
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. Type of Improvement

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 Set-up	8. <input type="checkbox"/> Premanufacture	10. <input type="checkbox"/> Special Inspection
B. Review(s) To Be Performed				
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Foundation

IV. Proposed Use of Building

A. Residential		
1. <input type="checkbox"/> One Family	3. <input type="checkbox"/> Hotel, Motel No. of units _____	5. <input type="checkbox"/> Detached Garage
2. <input type="checkbox"/> Two or more family No. of units _____	4. <input type="checkbox"/> Attached Garage	6. <input type="checkbox"/> Other
B. Non-Residential		
7. <input type="checkbox"/> Amusement	11. <input type="checkbox"/> Service Station	15. <input type="checkbox"/> School, Library, Educational
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
<p>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.</p> <hr/> <hr/> <hr/> <hr/>		

V. Selected Characteristics of Building

A. Principal Type of Frame				
1. <input type="checkbox"/> Masonry, Wall Bearing	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structural Steel	4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/> Other
B. Principal Type of Heating Fuel				
6. <input type="checkbox"/> Gas	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity	9. <input type="checkbox"/> Coal	10. <input type="checkbox"/> Other
C. Type of Sewage Disposal				
11. <input type="checkbox"/> Public or Private		12. <input type="checkbox"/> Septic System		
D. Type of Water Supply				
13. <input type="checkbox"/> Public or Private Company		14. <input type="checkbox"/> Private Well or Cistern		
E. Type of Mechanical				
15. Will There Be Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Will There Be Fire Suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Dimensions/Data				
17. Number of stories _____	21. Floor Area	Existing	Alterations	New
18. Use Group _____	Basement	_____	_____	_____
19. Const. Type _____	1 st & 2 nd Floor	_____	_____	_____
20. No. Of Occupants _____	3 rd – 10 th Floor	_____	_____	_____
	11 th – Above	_____	_____	_____
	Total Area	_____	_____	_____
G. Number Of Off Street Parking Spaces				
22. <input type="checkbox"/> Enclosed		23. <input type="checkbox"/> Outdoors		

*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.