

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**MECOSTA TOWNSHIP
BUILDING DEPARTMENT
19729 11 MILE RD.
BIG RAPIDS, MI 49307
Phone: (231) 796-8935 Ext.1 Fax: (231) 796-9185**

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V AND VI. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

Authority: P.A. 230 of 1972 as amended
Completion: Mandatory to obtain 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.

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 DESIGNER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE		
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE 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				
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. 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 6. <input type="checkbox"/> CONCRETE ___ " THICK 7. <input type="checkbox"/> BLOCK ___ " THICK & ___ HIGH 8. <input type="checkbox"/> WOOD ___ " THICK		
B. PRINCIPAL TYPE OF HEATING FUEL		
9. <input type="checkbox"/> GAS 10. <input type="checkbox"/> OIL 11. <input type="checkbox"/> ELECTRICITY 12. <input type="checkbox"/> COAL 13. <input type="checkbox"/> OTHER		
V. DIMENSIONS/DATA		
A. BASEMENT		
SIZE SQ FEET _____ FULL WALK-OUT CRAWL SPACE SLAB USE: HABITABLE _____ SF		
B. BUILDING		
NUMBER OF STORIES _____ OVERALL SIZE: LENGTH _____ X WIDTH = _____ SQ FT 1 ST FLOOR SQUARE FEET _____ 2 ND FLOOR SQUARE FEET _____ OTHER _____		
C. GARAGE DIMENSIONS		
SIZE WIDTH _____ X LENGTH _____ = SQ FEET 2 ND FLOOR / LOFT _____		
D. PORCHES & DECKS		
PORCHES: UNENCLOSED _____ SQ FT ENCLOSED _____ SQ FT SCREEN GLASS DECK: #1 _____ SQ FT #2 _____ SQ FT BALCONY _____ SQ FT OTHER _____ SQ FT		
E. HOT TUBS & SWIMMING POOLS		
HOT TUB/SPA SIZE: _____ WEIGHT FILLED: _____ PERSON CAPACITY: _____ SWIMMING POOL: IN GROUND/ABOVE GROUND DIMENSIONS: LENGTH ___ X WIDTH ___ X DEPTH _____ (Please provide drawings and details of barrier on a separate sheet)		
F. FIREPLACES & CHIMNEY		
CHIMNEYS NUMBER _____ TYPE _____ FIREPLACES: NUMBER: _____		
G. ADDITIONS & CONVERSIONS & OTHER CHANGES		
#1: SIZE: WIDTH _____ X LENGTH _____ = TOTAL SQUARE FEET _____ #2: SIZE: WIDTH _____ X LENGTH _____ = TOTAL SQUARE FEET _____		
CONVERSIONS: #1: FROM _____ TO _____ = TOTAL SQUARE FEET _____ CONVERSIONS: #1: FROM _____ TO _____ = TOTAL SQUARE FEET _____		
OTHER: #1: DESCRIPTION ___ SIZE: WIDTH ___ X LENGTH ___ = TOTAL SQUARE FEET _____ OTHER: #2: DESCRIPTION ___ SIZE: WIDTH ___ X LENGTH ___ = TOTAL SQUARE FEET _____		
H. TYPE OF SEWAGE DISPOSAL		
14. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY 15. <input type="checkbox"/> SEPTIC SYSTEM		
I. TYPE OF WATER SUPPLY		
16. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY 17. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
J. TYPE OF MECHANICAL		
18. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO 19. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
K. RESIDENTIAL		
1. ONE FAMILY 3. HOTEL, MOTEL, NO. OF UNITS _____ 5. DETACHED GARAGE 2. TWO OR MORE FAMILY NO OF UNITS _____ 4. ATTACHED GARAGE 6. OTHER		
L. NON-RESIDENTIAL		
20. AMUSEMENT 24. SERVICE STATION 28. SCHOOL, LIBRARY, EDUCATIONAL 21. CHURCH, RELIGION 25. HOSPITAL, INSTITUTIONAL 29. STORE, MERCANTILE 22. INDUSTRIAL 26. OFFICE, BANK, PROFESSIONAL 30. TANKS, TOWERS NEW 23. PARKING GARAGE 27. PUBLIC UTILITY 31. OTHER		
NONRESIDENTIAL - DESCRIBE IN DTAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGAE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. _____		
M. NUMBER OF OFF STREET PARKING SPACES		
22. ENCLOSED _____ 23. OUTDOORS _____		

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 NO.	
ADDRESS	CITY	STATE	ZIP CODE

FEDERAL I.D. 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 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** _____

PLAN REVIEW FEE ENCLOSED \$ _____	BUILDING PERMIT FEE ENCLOSED \$ _____
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VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A. ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B. FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C. POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F. FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G. WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H. SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I. VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J. OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____ BASE FEE _____

TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____

SQUARE FEET _____

APPROVAL SIGNATURE _____

TITLE	DATE
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IX. Site Or Plot Plan – For Applicant Use

