

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CITY OF PERRY

SHIAWASSEE COUNTY

203 W. Polly Street • Perry, Michigan 48872 • Phone (517) 625-6155 • Fax (517) 625-6157

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.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, 111, IV, V AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

1. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
11. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
City	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	Z1PCODE	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 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"/> SPEACIAL 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

Property Tax I.D. _____

Building Permit Fee _____

Construction Value _____

Permit No. _____

IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTELS 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, RELEGION	12. <input type="checkbox"/> HOSPLITAL, INSTITUTION	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				
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 COMPANY			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:			
18. USE GROUP _____	BASEMENT	EXISTING	ALTERATIONS	NEW
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. 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/SOCIAL SECURITY 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.					
<p>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.</p>					
<i>SIGNATURE OF APPLICANT</i>					
PLAN REVIEW FEE ENCLOSED \$ _____			OR STATE ACCOUNT NUMBER \$ _____		
BUILDING PERMIT FEE ENCLOSED \$ _____			OR STATE ACCOUNT NUMBER \$ _____		
VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION					
ENVIRONMENTAL CONTROL APPROVALS					
Plans are enclosed with this application.	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 _____		

