



ARENAC COUNTY BUILDING DEPARTMENT

SOIL EROSION & SEDIMENT CONTROL

P.O. BOX 724 * 120 NORTH GROVE ST. RM 206 * STANDISH, MI 48658

PH. 989-846-9791 / FAX: 989-846-9188

permits@arenacountymi.gov

This institution is an equal opportunity provider

BUILDING PERMIT APPLICATION INSTRUCTIONS

PERMITS AND APPROVALS THAT MAY BE REQUIRED BEFORE YOU MAKE APPLICATION FOR YOUR BUILDING PERMIT:

- Zoning or Land Use Permit
- Subdivision Approval, if applicable (check with the zoning administrator)
- Health Dept Permits (sewage disposal system, water well or existing system evaluations)
- Soil Erosion Sedimentation Control Permit (if you are disturbing any soil that is over an acre in size AND/OR within 500 feet of a waterway of the State of Michigan (lake, stream-including intermittent, river, County Drain-sometimes a road ditch is also a County Drain)
 - Department of Environment Great Lakes and Energy (EGLE)
- Driveway Permit from the Arenac County Road Commission

It is the responsibility of the property owner to provide a copy of all the above documentation to the building department upon application for a building permit.

RESIDENTIAL STRUCTURES: (one and two family residential with less than 3,500 square feet)

- Building Permit / Plan Review Application **AND Minimum of two (2) sets of plans that include the following:**

1. Floor and foundation plans – complete basement details
2. Roof and wall section (printout or sketch)
3. Building elevations
4. Site plan / aerial- type view of your property w/ current and expected buildings' locations in proximity to property lines and road/street. (May be drawn on page 4 of application (IX) "Site or Plot Plan")
5. Energy Code: analysis report of Michigan Unified Energy Code (MUEC) regarding complete energy requirements, or building plans showing compliance with prescriptive method
6. Truss specifications sheet
7. Blower Door Test Results must be submitted prior to Certificate of Occupancy issuance.

COMMERCIAL STRUCTURES: (Including one & two family residential with 3,500 square feet or more)

- Building Permit / Plan Review Application
- Two (2) sets of plans and specifications, with original signature and seal of an architect or engineer registered with the State of Michigan.

POST FRAME / POLE BUILDING STRUCTURES:

- Building Permit / Plan Review Application
- Two (2) sets of plans with foundation / wall / roofing specifications including post hole depth, diameter & post spacing; also roofing material to be used.
- May require engineered plans

HUD MOBILE AND PRE-MANUFACTURED HOMES:

- Building Permit / Plan Review Application
- Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation and the "print pack" from the manufacturer.
- Site plan (see instructions above located in the "residential structures" section #4)

STATE APPROVED MODULAR fka BOCA UNITS:

- Two copies of the Building System Approval Report and the approved plans.
- Building Permit / Plan Review Application
- Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation and the "print pack" from the manufacturer.
- Site plan (see instructions above located in the "residential structures" section #4)

PERMITS ARE REQUIRED TO BE POSTED / VISABLE FROM ROAD UNTIL FINAL CERTIFICATE of OCCUPANCY

INSTRUCTIONS FOR COMPLETING APPLICATION

Page 1: Be sure to complete the Property Tax ID# (it can be found on your tax bill and/or paid receipt). Complete all applicable sections. Note section 11(c). If the homeowner is doing the construction, enter “homeowner” in the contractor information space.

Page 2: Enter all applicable information. Note V(f) dimensions/data. (floor area = square footage) **Page 3: Section VI:** must be completed and signed by the permit applicant. **Section VII: To be completed by the Building Department.**

BUILDING PERMIT FEES

Permit fees may be obtained from the Arenac County Building Department by calling (989) 846-9791 during normal workday hours, Monday through Friday from 9:00am to 4:30pm.

You will need to furnish the following information when calling:

- Total square footage of the structure
- Use group i.e., “R-3” for single family homes, “U” for detached utility structures, etc.
- Type of Construction, i.e. “5B” for wood frame. If you have questions regarding the use group & construction type, contact the Building Inspector.
- If you submit your building application and plans without all pertinent information filled in and/or without payment, the processing of the application will be delayed.

WHEN TO CALL FOR AN INSPECTION

Please call the building department (the telephone # listed above & on your permit) at least two (2) days prior to the time you need an inspection. A minimum of three (3) inspections are required on most structures, some projects will have more or less depending on the project. **It is the permit holder's (contractor or homeowner's) responsibility to call for inspections.**

- Footing Inspection: To be made after forms are set, re-bar supported in place, & before placing concrete. (Post frame / pole buildings: after holes are dug, but before cement & posts are placed.)
- Foundation Inspection: To be made after the footings, walls, waterproofing and drain tile is installed. The building inspector may want to perform both a footing and back fill inspection. Basements MUST have a foundation inspection prior to backfill.
- Insulation Inspection: To be made prior to interior finishes.
- Rough Inspection: To be made after the roof, all framing, fire stopping, bracing, electrical, mechanical and plumbing when Applicable and installed, and before the insulation is installed.
- Final Inspection: To be made upon completion of the building or structure, after other permits (electrical, mechanical &/or plumbing) are closed out **and before occupancy occurs.**

NOTICE!

APPLICATION FOR A BUILDING PERMIT DOES NOT ALLEVIATE THE PERMITTEE FROM POSSIBLE ADDITIONAL PERMITS AND VIOLATIONS FROM OUTSIDE AGENCIES INCLUDING BUT NOT LIMITED TO, SOIL EROSION AND SEDIMENT CONTROL (SESC), MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY (EGLE), ARMY CORPS OF ENGINEERS, LOCAL ASSOCIATIONS, MUNICIPALITIES AND / OR TOWNSHIPS.

FOR OFFICE USE ONLY



APPLICATION FOR BUILDING PERMIT

Arenac County Building Department
120 N. Grove, P.O. Box 724, Standish, MI 48658
Ph. 989-846-9791 Fax 989-846-9188
Email: permits@arenaccountymi.gov

Permit #

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT. PENALTY: APPLICATION MUST BE COMPLETED, SIGNED AND PROPER FEE ENCLOSED OR PERMIT WILL NOT BE ISSUED.

ARENAC COUNTY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.

ADDRESS MUST BE CLEARLY POSTED AT ROAD

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI, VII, XI & SITE PLAN PAGE
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THIS DEPARTMENT FOR ELECTRICAL, MECHANICAL & PLUMBING WORK PERMITS.

I. *Is your project within 500 feet of a county drain, lake, stream or waterway? ___Yes ___No (*required)
(THIS MAY OR MAY NOT NECESSITATE A SOIL EROSION SEDIMENT CONTROL PERMIT OR WAIVER)

IS A LAND USE PERMIT REQUIRED FROM YOUR TOWNSHIP, CITY OR VILLAGE? (Home, decks, utility structures, garage, etc)
 YES, IT'S ATTACHED NO, I'M NOT CHANGING OR ADDING TO THE FOOTPRINT

II. LOCATION OF PROJECT

Property / Site Address	City/Village & Zip	Township
Property Tax ID# (Required)	Directions to site	

III. OWNER OR LESSEE IDENTIFICATION

Owner name	Phone number	Cell phone number:
Owner mailing address (Street or P.O. Box)		City/state/zip

IV. CONTRACTOR

Name	Business Name
Cell phone	Business phone
Mailing address	City/state/zip
Builder license number	Expiration date
Federal employer ID number or reason for exemption	
Worker's Comp Insurance Carrier or reason for exemption	
MESC Employer number or reason for exemption	

VI. ARCHITECT OR ENGINEER INFORMATION

Name	
Address	City/state/zip
License number	Expiration date

VI. TYPE OF IMPROVEMENT & PLAN REVIEW

A. TYPE OF IMPROVEMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> NEW RESIDENCE (STICK-BUILT) | <input type="checkbox"/> GARAGE | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> MOBILE OR MANUFACTURED HOME SET UP | <input type="checkbox"/> ADDITION | <input type="checkbox"/> DECK (COVERED/UNCOVERED?) |
| <input type="checkbox"/> STATE APPROVED (MODULAR) HOME | <input type="checkbox"/> ALTERATIONS / REPAIR | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ACCESSORY BUILDING OR POLE BARN | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> OTHER _____ |

B. REVIEW(S) TO BE PERFORMED- ALL COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FOUNDATION ONLY | |

VII. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- ONE FAMILY ATTACHED GARAGE ACCESSORY STRUCTURE/POLE BARN OTHER _____
- DETACHED GARAGE - IS THERE REINFORCEMENT ROD? YES NO
- TWO OR MORE FAMILY NUMBER OF UNITS _____

B. NON-RESIDENTIAL / ANY COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS

- AMUSEMENT SERVICE STATION CHURCH, RELIGION SCHOOL, LIBRARY, EDUCATIONAL
- INDUSTRIAL PARKING GARAGE PUBLIC UTILITY HOSPITAL, INSTITUTIONAL
- TANKS, TOWERS STORE, MERCHANTILE OTHER OFFICE, BANK, PROFESSIONAL

NON-RESIDENTIAL: DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, I.E. 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:

VIII. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- WOOD FRAME STRUCTURAL STEEL BEARING OTHER _____
- MASONARY, WALL BEARING REINFORCED CONCRETE

B. PRINCIPAL TYPE OF HEATING FUEL

- GAS OIL ELECTRICITY OTHER _____

C. PRINCIPAL TYPE OF SEWAGE DISPOSAL

- PUBLIC OR PRIVATE COMPANY SEPTIC

D. TYPE OF WATER SUPPLY

- PUBLIC OR PRIVATE COMPANY PRIVATE WELL, TANKS OR CISTERN

WELL / SEPTIC PERMIT(S) or EVALUATION(S) REQUIRED? (New home or adding bedroom(s), etc) YES, ATTACHED NO

E. TYPE OF MECHANICAL

- CENTRAL AIR? YES NO AN ELEVATOR? YES NO FIRE SUPPRESION? YES NO

F. DIMENSIONS / DATA

NUMBER OF STORIES: _____ (1, 1 ½, 2, 3- basements are not considered a story height)

FLOOR AREA:	EXISTING	ALTERATIONS/ REMODEL/RENOVATE	NEW BUILD / ADDITION	
			DIMENSIONS	SQUARE FEET
BASEMENT				
1 ST & 2 ND FLOOR				
3 RD – 10 TH FLOOR				
11 TH – ABOVE				
GARAGE/ POST FRAME OR SHED (CIRCLE ONE)				
DECK - PORCH AREA				

G. NUMBER OF OFF-STREET PARKING SPACES _____ ENCLOSED _____ OUTDOORS

I understand that prints are required with the application. They are attached.

XI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THE APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

Name	
Mailing Address	City/state/zip
Phone	Applicants date of birth (month, day, year)

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 RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

X _____ **DATE** _____

SIGNATURE OF APPLICANT (Must be original signature from your hand)

GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

		REQUIRED?	✓APPROVED	DATE	NUMBER	AUTHORIZED SIGNATURE
A.	ZONING					
B.	FLOOD ZONE	YES OR NO? CIRCLE ONE				
C.	SOIL EROSION					
D.	WATER SUPPLY					
E.	SEPTIC SYSTEM					
F.	FIRE DISTRICT					
G.	VARIANCE GRANTED					
H.	OTHER					

VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP	TYPE OF CONSTRUCTION	SQUARE FEET
NUMBER OF INSPECTIONS	<input type="checkbox"/> RESIDENTIAL PLAN REVIEW INCLUDED <input type="checkbox"/> COMMERCIAL PLAN REVIEW	CODE CYCLE <input type="checkbox"/> MRC <input type="checkbox"/> MBC
APPROVAL SIGNATURE		
TITLE		
TOTAL FEE PAID		

FOR APPLICANT USE – SITE OR PLOT PLAN- (Required)  **N**

SKETCH AN AERIAL VIEW OF THE BUILDING SITE INCLUDING ROAD FRONTAGE, EXISTING BUILDING(S) AND DRIVEWAYS, ETC.

(This does NOT replace the Prints that we require!)