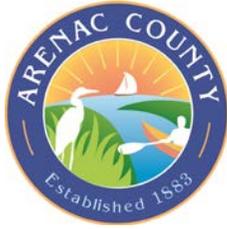


FOR OFFICE USE ONLY



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@arenacounty.mi.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 ***

LOCATION OF PROJECT

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

OWNER OR LESSEE IDENTIFICATION (must match what is on tax docs or provide proof of ownership or rights to make changes)

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

CONTRACTOR

Name	Business Name
Cell phone	Business Phone
Mailing address	City/state/zip

Preferred way to receive invoices, receipts, permits, etc: Mail Email

EMAIL ADDRESS (TO SEND PERMITS, INVOICES, ETC (PLEASE PRINT NEATLY))

ARCHITECT OR ENGINEER INFORMATION

Name	Phone
Address	City/state/zip
License number	Expiration date

A. TYPE OF IMPROVEMENT Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> NEW RESIDENCE (STICK-BUILT) | <input type="checkbox"/> GARAGE Attached Unattached | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> MOBILE OR MANUFACTURED HOME SET UP | <input type="checkbox"/> ADDITION <input type="checkbox"/> Home / <input type="checkbox"/> Accessory Bldg | <input type="checkbox"/> DECK or <input type="checkbox"/> PORCH |
| <input type="checkbox"/> STATE APPROVED (MODULAR) HOME | <input type="checkbox"/> ALTERATIONS / <input type="checkbox"/> REPAIRS | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ACCESSORY BUILDING OR POLE BARN | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> INTELLIJACK | <input type="checkbox"/> DRY FOUNDATION SYSTEM | |

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 | <input type="checkbox"/> OTHER _____ |

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:

SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

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

B. TYPE OF FOUNDATION

- CRAWL SPACE BASEMENT SLAB GRAVEL BED SKIDS OTHER _____

C. PRINCIPAL TYPE OF HEATING FUEL

- GAS OIL ELECTRICITY OTHER _____ NONE

D. PRINCIPAL TYPE OF SEWAGE DISPOSAL

- PUBLIC OR PRIVATE COMPANY SEPTIC NONE

E. TYPE OF WATER SUPPLY

- PUBLIC OR PRIVATE COMPANY PRIVATE WELL, TANKS OR CISTERN NONE

F. WELL/ SEPTIC PERMIT(S) or EVALUATION(S) REQUIRED? (New home or adding bedroom(s), or not recently used)

- YES, ATTACHED NO

G. TYPE OF MECHANICAL

- CENTRAL AIR ELEVATOR FIRE SUPPRESION NONE

G. DIMENSIONS / DATA

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

H. NUMBER OF OFF-STREET PARKING SPACES

_____ ENCLOSED _____ OUTDOORS

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

WHAT IS THE TOTAL COST ESTIMATE OF YOUR PROJECT? \$ _____

1. IS YOUR PROJECT WITHIN 500 FEET OF A COUNTY DRAIN, LAKE, STREAM OR WATERWAY? YES NO
(THIS MAY OR MAY NOT NECESSITATE A SOIL EROSION SEDIMENT CONTROL PERMIT OR WAIVER)
2. IS A LAND USE PERMIT REQUIRED FROM YOUR TOWNSHIP, CITY OR VILLAGE ZONING ADMINISTRATOR?
(Home, decks, utility structures, garage, etc.)
 YES, IT'S ATTACHED NO, I'M NOT CHANGING OR ADDING TO THE FOOTPRINT
3. I UNDERSTAND THAT PRINTS ARE REQUIRED WITH THE APPLICATION. THEY ARE ATTACHED.
4. I UNDERSTAND THAT SEPARATE APPLICATIONS MUST BE MADE TO THIS DEPARTMENT FOR ELECTRICAL, MECHANICAL & PLUMBING PERMITS. (Well & septic permits are obtained from the health department)
5. I UNDERSTAND NEW STICK BUILT HOMES REQUIRE A BLOWER DOOR TEST BEFORE OCCUPANCY IS GIVEN.

WHAT ARE THE DETAILS OF THIS PROJECT? (Addition to existing home consisting of bedroom & bathroom / lean-to on garage/ New home with detached garage/ remodeling kitchen, living including moving walls, windows/ Installing different size windows or doors/ etc

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 AM APPLYING FOR THIS PERMIT AS A LICENSED CONTRACTOR. 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.

OR I AM PULLING THIS PERMIT AS A HOME OWNER. I UNDERSTAND THAT DOING SO, I CAN DO THE WORK MYSELF. IF ANOTHER INDIVIDUAL OR CONTRATOR PERFORMS THE WORK, I UNDERSTAND THAT THAT INDIVIDUAL OR CONTRACTOR MUST BE LICENSED WITH THE STATE OF MICHIGAN FOR THE TYPE OF WORK BEING PERFORMED. IF THEY ARE NOT LICENSED, I MAY BECOME LIABLE TO PAY WORKERS COMPENSATION, TAXES, AND TAKE ON RESPONSIBILITY FOR INJURIES, ETC.

By signing below, I/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 subjected to civil fines.

Signature **X** _____

Signature of Building Contractor or Homeowner (Homeowner signature indicates compliance with Homeowner Affidavit)

VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP	TYPE OF CONSTRUCTION	SQUARE FEET
# OF INSPECTIONS	<input type="checkbox"/> RESIDENTIAL PLAN REVIEW <input type="checkbox"/> BLOWER DOOR TEST <input type="checkbox"/> COMMERCIAL PLAN REVIEW	CODE CYCLE <input type="checkbox"/> MRC <input type="checkbox"/> AS PER PRINT <input type="checkbox"/> MBC
APPROVAL SIGNATURE		DATE

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

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!)

