

LEELANAU COUNTY DEPARTMENT OF BUILDING SAFETY

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Suttons Bay, MI 49682

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Permit Number (office use only)

APPLICATION FOR BUILDING PERMIT

**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,
MECHANICAL, AND ELECTRICAL WORK PERMITS**

I. JOB LOCATION

Parcel Number 45- - - -	Township or Village	
Address	City	Zip Code

II. IDENTIFICATION

A. OWNER OR LESSEE

Name		Address	
City	State	Zip Code	Telephone Number
E-mail			Cell Number

B. CONTRACTOR

Name		Address	
City	State	Zip Code	Telephone Number
E-mail		Fax Number	Cell 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			

C. ARCHITECT OR ENGINEER

Name		Address	
City	State	Zip Code	Telephone Number
E-mail		Fax Number	Cell Number

III. APPLICANT SIGNATURE

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.

I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge.

<u>Signature</u>	<u>Printed Name</u>	Date
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IV. HOMEOWNER AFFIDAVIT

I hereby certify that the work described on this permit application shall be **installed by myself in my own home** in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Residential Building Code and **shall not be enclosed, covered up**, or put into operation until it has been inspected and approved by the Leelanau County Building Inspector. I will cooperate with the Leelanau County Building Inspector and assume the responsibility to arrange for necessary inspections.

EXPIRATION OF PERMIT: A permit becomes invalid if the authorized work is not commenced within six months after issuance of the permit or if authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE REVOKED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE, OR THE DATE OF A PREVIOUS INSPECTION. REVOKED PERMITS CANNOT BE REFUNDED OR REINSTATED.

AFTER-THE-FACT PERMIT FEE: a fee of \$150 may be assessed to individuals who have been found by the Building Official to have proceeded with construction without obtaining required permits.

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|--|--|---|--|---|
| 1. <input type="checkbox"/> New Building | 3. <input type="checkbox"/> Alteration | 5. <input type="checkbox"/> Demolition | 7. <input type="checkbox"/> Special Inspection | 9. <input type="checkbox"/> Manufacture Set Only: |
| 2. <input type="checkbox"/> Addition | 4. <input type="checkbox"/> Repair | 6. <input type="checkbox"/> Foundation Only | 8. <input type="checkbox"/> Relocation | <input type="checkbox"/> MRC <input type="checkbox"/> HUD |

VI. PROPOSED USE OF BUILDING/Plan Review Information

A. RESIDENTIAL	B. Commercial	C. Estimated Cost of Construction
<input type="checkbox"/> One Family, No. Bedrooms: _____ No. Full Baths: _____ No. Half Baths: _____ <input type="checkbox"/> Multi-Family, No. Units: _____ <input type="checkbox"/> Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Townhouse, No Units: _____ <input type="checkbox"/> Post Frame Building <input type="checkbox"/> Other	<input type="checkbox"/> Assembly <input type="checkbox"/> Institutional <input type="checkbox"/> Business <input type="checkbox"/> Mercantile <input type="checkbox"/> Educational <input type="checkbox"/> Storage <input type="checkbox"/> Factory <input type="checkbox"/> Utility <input type="checkbox"/> High Hazard <input type="checkbox"/> Miscellaneous	\$ _____

D. Provide a description of the work to be covered by building permit. As examples; 5,000 square foot alteration of interior office space, a 2500 square foot addition to storage building, replace 5 exterior windows and 2 doors, renovate basement in a residence to occupiable space, etc. **If use of existing building is being changed, enter proposed use.**

VII. DIMENSION DATA

FLOOR AREA IN SQUARE FEET	SQUARE FOOTAGE	DEPARTMENT USE	FOUNDATION AREA
Foundation			<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Piers <input type="checkbox"/> Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished No. of Stories: _____
Main Floor			
Second Floor			
Covered Porch			
Enclosed Porch			
Deck			
Garage <input type="checkbox"/> Finished Interior <input type="checkbox"/> Unfinished Interior			
Post Frame Building			
Other			
TOTAL AREA			

VIII. VALIDATION – FOR DEPARTMENT USE ONLY

PERMIT APPROVALS	REQUIRED	APPROVED	DATE	NUMBER	BY
A. Address / Recorded Deed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Health Department- Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Land Use	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E. Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F. State Energy Code	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G. Two (2) Sets of Building Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H. Truss Details	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I. MI Department of Environmental Quality	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J. Flood Plain	<input type="checkbox"/> Yes <input type="checkbox"/> No				
K. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

IX. VALIDATION – FOR DEPARTMENT USE ONLY

Use Group _____	Building Permit Fee \$ _____	Check # _____
Type of Construction _____	Approved By: _____	
Number of Inspections _____	Date: _____	