

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION



Keweenaw County Construction Codes

Please make your check payable to and send it to,
 5095 4th Street
 Eagle River Michigan 49950
 Credit Cards are also Accepted

Contractor

Owner

| | |
|--|--|
| Authority: P.A. 230 of 1972, as amended Completion: Mandatory to obtain permit Penalty: Failure to provide the information may result in denial of your request. | 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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. |
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Applicant must complete all sections. Separate applications are required for Electrical, Mechanical and Plumbing. A Certificate of Occupancy will be issued upon completion of all final inspections upon request.

I. Project Information

| | | | | |
|----------------------|-----------------------|----------------|------------------------|----------|
| Project Name | | Address/Street | | |
| Lot Size | City/Village/Location | Township | Keweenaw Co. | Zip Code |
| Cross Street Between | | And | Job Site Phone Number: | |

II. Identification

Parcel Identification Number 42-____-____-____-____

A. Owner or Lessee

| | | | |
|--------------|------------|----------------|-----|
| NAME | ADDRESS | CITY/STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS | |

B. Architect or Engineer

| | | | |
|----------------|------------|----------------|-----------------|
| NAME | ADDRESS | CITY/STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS | |
| LICENSE NUMBER | | | EXPIRATION DATE |

C. Contractor

| | | | |
|-------------------------|------------|----------------|-----------------|
| NAME | ADDRESS | CITY/STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS | |
| 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 JOB

A. Type Of Improvement:

| | |
|----------------|--------------------------|
| _____ _____ | Total Cost: _____ |
|----------------|--------------------------|

| | | | | |
|-----------------------------------|--|--|---|-------------------------------------|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mobile Home Set-up | <input type="checkbox"/> Deck/Fence |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Repair | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Pre-Manufactured | <input type="checkbox"/> Other |

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| | | | | |
|--|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| B. Plan Review Required ___ Yes or ___ No | | | | |
| Review(s) to be Performed | | | | |
| <input type="checkbox"/> Footing | <input type="checkbox"/> Framing | <input type="checkbox"/> Rough | <input type="checkbox"/> Final | <input type="checkbox"/> Demolition |

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL (if demolition, show most recent use)

| | | |
|--|--|--|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> HOTEL, MOTEL # OF UNITS _____ | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____ | <input type="checkbox"/> OTHER | <input type="checkbox"/> ATTACHED GARAGE |

B. NON-RESIDENTIAL (Commercial Construction must submit a site plan review)

| | | |
|---|--|---|
| <input type="checkbox"/> AMUSEMENT <input type="checkbox"/> CHURCH, RELIGION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> PARKING GARAGE | <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> HOSPITAL, INSTITUTIONAL <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL <input type="checkbox"/> STORE, MERCANTILE <input type="checkbox"/> TANKS, TOWERS <input type="checkbox"/> OTHER |
|---|--|---|

C. Project Description:

| |
|--|
| |
| |
| |
| |
| |

V. SELECTED CHARACTERISTICS OF BUILDING

A. Principal Type Of Frame

| | | | | |
|----------------------------------|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Reinforced Concrete/ICF | <input type="checkbox"/> Log/Other |
|----------------------------------|-------------------------------------|---|--|------------------------------------|

B. Principal Type Of Foundation ___ Full ___ Crawl Space ___ None

| | | | | |
|--|---|--|--------------------------------|------------------------|
| <input type="checkbox"/> Slab on Grade | <input type="checkbox"/> Block Foundation | <input type="checkbox"/> Poured Foundation | <input type="checkbox"/> Other | <small>Explain</small> |
|--|---|--|--------------------------------|------------------------|

C. PRINCIPAL TYPE OF HEATING FUEL

| | | | | |
|--------------------------------------|------------------------------|--------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Gas/Propane | <input type="checkbox"/> Oil | <input type="checkbox"/> Electricity | <input type="checkbox"/> Wood/Pellet | <input type="checkbox"/> Other |
|--------------------------------------|------------------------------|--------------------------------------|--------------------------------------|--------------------------------|

D. Sewage Disposal ___ Public or Private Company or ___ on-site Septic

E. Water Supply ___ Public or Private Company or ___ Private Well

F. Mechanical Will there be air conditioning? ___ Yes or ___ No Will there be Fire Suppression ___ Yes or ___ No ?

G. Number of Off Street Parking Spaces _____ Enclosed _____ Outdoor

H. Dimensional Data

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------|-----------------|--------------------|------------|----------|-------|-------|-------|-----------------|-------|-------|-------|---------------|-------|-------|-------|-------------------|-------|-------|-------|
| NUMBER OF STORIES _____ Building Dimensions _____ # of Bathrooms _____ # of Bedrooms _____ # of Occupants _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">FLOOR AREA:</td> <td style="width: 20%;">EXISTING</td> <td style="width: 20%;">ALTERATIONS</td> <td style="width: 20%;">NEW</td> </tr> <tr> <td>BASEMENT</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1ST & 2ND FLOOR</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3RD-4TH FLOOR</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TOTAL AREA</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | FLOOR AREA: | EXISTING | ALTERATIONS | NEW | BASEMENT | _____ | _____ | _____ | 1ST & 2ND FLOOR | _____ | _____ | _____ | 3RD-4TH FLOOR | _____ | _____ | _____ | TOTAL AREA | _____ | _____ | _____ |
| FLOOR AREA: | EXISTING | ALTERATIONS | NEW | | | | | | | | | | | | | | | | | | |
| BASEMENT | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| 1ST & 2ND FLOOR | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| 3RD-4TH FLOOR | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| TOTAL AREA | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |

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|--|------|---------------|----------|
| 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 application as his/her authorized agent. We agree to conform to all applicable laws of the state of Michigan and Keweenaw County. 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 Owner: _____ **Print name:** _____

Signature of Applicant: _____ **Print name:** _____

Plan Review Fee Enclosed \$ _____ **Building Permit Fee Enclosed \$** _____

VII. Local Governmental Agency To complete this section

ENVIRONMENTAL CONTROL APPROVALS

| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|----------------------------|----------------|----------|------|--------|----|
| A – Zoning | ___ YES ___ NO | | | | |
| B – Water Supply | ___ YES ___ NO | | | | |
| C – Septic/Sewer System | ___ YES ___ NO | | | | |
| D – Soil Erosion | ___ YES ___ NO | | | | |
| E – Variance Granted | ___ YES ___ NO | | | | |
| F – Critical Dune | ___ YES ___ NO | | | | |
| G – High Risk Erosion Area | ___ YES ___ NO | | | | |
| H – 911 Address | ___ YES ___ NO | | | | |
| I – Fire District | ___ YES ___ NO | | | | |
| J – KCRC or DOT access | ___ YES ___ NO | | | | |
| K – Other | ___ YES ___ NO | | | | |

VIII. Validation – For Department Use Only

| | |
|--|--|
| USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ | Application Fee (non-refundable): _____ Number of Inspections: _____ Total Permit Fee: _____ Permit Number: _____ |
|--|--|

Notes and Data

APPROVAL SIGNATURE

TITLE

DATE

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

A large grid area for drawing a site or plot plan. The grid consists of 30 columns and 30 rows of small squares, providing a space for the applicant to draw their site or plot plan.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.**