

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: _____
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<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
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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
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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>
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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
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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	_____	_____	_____
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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: _____
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Notes and Data

APPROVAL SIGNATURE	DATE
TITLE	

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.**