

## **Building Permit Application**

Michigan Department of Licensing and Regulatory Affairs

(Continue to remaining pages and complete before printing this document)

This form can be completed by tabbing to each field and typing in the required information.

Marcellus Township Building Dept. Rich McGrew P.O. Box 36, Cassopolis, MI 49031

Phone: 269-228-3234 mcgrewbuilding@gmail.com 120 B 2024 B

Authority: Penalty:	1972 PA 230 Failure to provide	e the informatio	n may result in	denial of your re		LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.											
Project	or Facility In	formation															
PROJECT	Γ NAME						ADD	RESS									
l	CITY, VILLAGE O							CITY				ZIP CODE					
COUNTY	☐ Village	lowns	hip OF:					AN	D								
Applica	ant	-		_	-		_	_			_						
NAME							E-MA	AIL.									
ADDRESS	3			CITY			STAT	ΓE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)						
Owner	of the land in	fee on wh	ich the bui	ldina or stru	ucture wi	Il be constructed											
NAME				9 0. 0			ADDRESS										
CITY				STATE			ZIP (	P CODE			TELEPHONE NUMBER (Include Area Code)						
Cost an	nd Fees						l .				•						
ESTIMATE	D PROJECT COST																
\$	D FROSECT COST																
Ψ		_															
Re-Ope	en Expired Per	mit		\$75.00													
Island I or pland	nspection Fee es are involve	(Where fer d.)	ries, boats	\$50.00													
CERTIFIC	CATE OF OCCUPA	NCY (\$50.00 F	(	BUILDING PERM The first \$100.0	00 of an appl		OR STATE ACCOUNT NUMBER										
			_	ion retaridable)		Ψ											
Validati	ion – For Dep	artment Us	e Only							Vali	idation Area						
USE GF	ROUP					<del></del>											
TYPE OF CONSTRUCTION																	
SQUAR	RE FEET																
APPLIC	CATION FEE (	non-refunda	able) \$														
CERTIF	FICATE OF O	CCUPANC	/ - YES - I	NO \$													
NUMBE	ER OF INSPE	CTIONS		_ \$													
TOTAL	PERMIT FEE	\$															
APPRO	VAL SIGNAT	URE															

Residential builder o	r Residential mainte	enance and alteration contract	or									
NAME		COMPANY NAME	ADDRESS	ADDRESS								
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)							
STATE OF MICHIGAN LICEN	ISE NUMBER		<u> </u>		EXPIRATION DATE							
FEDERAL EMPLOYER ID NU	IMBER (or reason for exemp	otion)	WORKERS COMP INSURA	NCE CARRIER	(or reason for exemption)							
UNEMPLOYMENT INSURAN	NCE AGENCY EMPLOYER	ACCOUNT NUMBER (or reason for exemp	tion)									
Purpose of Project												
<ul><li>□ NEW BUILDING</li><li>□ ADDITION</li></ul>	☐ ALTERATION ☐ REPAIR	DEMOLITION  MOBILE HOME SET-UP		UNDATION ONL EMANUFACTUR	<del>_</del>							
Plan Review Require												
·		ed with each application for a pe	ermit Construction do	cuments mu	st be sealed and signed by an architect o							
square feet of calculate verified by affidavit of th of the proposed work. A buildings or structures of For buildings regulate	d floor area and publine individual making in the same premises of the by the Michigan I	ic works less than \$15,000 in to it, of the specifications for the bu ubmit a site plan showing the din s.	otal construction cost. uilding or structure, an nensions, and the loca	Applicant mud full and contion of the prince to the prince to the subsection of the	ne- and two-family dwellings less than 3,500 ust submit a detailed statement in writing mplete copies of the plans drawn to scale oposed building or structure and the other mitted with a separate Application for							
BCC Plan Review Nun	nber	Sch	ool Site Plan Review	Number (if	different)							
If project is exempt fro	om Plan Review, ide	entify basis for exemption:										
Residential - Building	gs Regulated by the	Michigan Residential Code										
ONE FAMILY		TOWNHOUSE NO. OF UNITS		☐ DETACHED GARAGE								
TWO OR MORE FAMILY		ATTACHED GAR		OTHER								
Buildings Regulated		ilding Code										
	,	<u> </u>										
(A-1) ASSEMBLY (THEA)  (A-2) ASSEMBLY (REST		☐ (H-1) HIGH HAZARD (I☐ (H-2) HIGH HAZARD (		= 1	M) MERCANTILE R-1) RESIDENTIAL 1 (HOTELS, MOTELS)							
(A-3) ASSEMBLY (CHUF					R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)							
(A-4) ASSEMBLY (INDO	OR SPORTS, ETC.)	(H-4) HIGH HAZARD	(HEALTH HAZARD)	(F	R-3) RESIDENTIAL 3 (1 & 2 FAMILY)							
(A-5) ASSEMBLY (OUTD	OOR SPORTS, ETC.)	(H-5) HIGH HAZARD (	HPM)	(F	R-4) RESIDENTIAL 4 (ASSISTED LIVIN\G)							
(B) BUSINESS		(I-1) INSTITUTIONAL	1 (SUPERVISED)	<u> </u>	S-1) STORAGE 1 (MODERATE HAZARD)							
(E) EDUCATION		(I-2) INSTITUTIONAL	2 (HOSPITALS ETC.)	<u> </u>	S-2) STORAGE 2 (LOW HAZARD)							
(F-1) FACTORY (MODER		(I-3) INSTITUTIONAL			U) UTILITY (MISCELLANEOUS)							
(F-2) FACTORY (LOW H.	AZARD)	(I-4) INSTITUTIONAL 4	4 (DAY CARE ETC.)									
WILL THERE BE FIRE SUPP	RESSION? YES	NO SCOPE OF WORK?										
Type of Construction												
I —	rotected Structural Element on-Rated Structural Elemen	, <u> </u>	• • •	□ 3E	A - Non-Combustible (Rated Structural Elements) 1HR 3 - Non-Combustible (Bearing Walls Rated) 3 - Combustible (All Elements Not Rated)							
C. Dimensions / Data	1											
FLOOR AREA:	EXISTING	ALTERATIONS	NEW									
BASEMENT												
1ST & 2ND FLOOR												
3RD FLOOR & ABOVE												
TOTAL AREA	<u> </u>		-									

Sit	Site or Plot Plan - For Applicant Use																												
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## **Local Governmental Agency to Complete This Section ENVIRONMENTAL CONTROL APPROVALS REQUIRED? APPROVED NUMBER** BY DATE A - Zoning ☐ Yes ☐ No ☐ NA **B** - Fire District ☐ Yes ☐ No ☐ NA C - Health Department ☐ Yes ☐ No ☐ NA D - Soil Erosion ☐ Yes ☐ No ☐ NA E - Flood Zone ☐ Yes ☐ No ☐ NA

General: Building work shall not be started until the permit has been issued by the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Building Codes. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible and provide the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.

**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 \$75.00.

Where to Submit Application: The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school building construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the Statewide Jurisdiction List for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the Local School Construction Enforcement List. This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the appropriate enforcing agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to <a href="mailto:bccpermits@michigan.gov">bccpermits@michigan.gov</a> or 517-241-9313.

	tate relating to persons who are to perform	25.1523a, prohibits a person from conspiring to circumvent the work on a residential building or a residential structure. Violators of
work. I further attest that this applic		(title), attest that the statements, specifications, rrect description of the building or structure, lot or parcel, and proposed 125.1510 and that I am a person authorized under MCL 125.1510(2) to 25.1510(2).
SIGNATURE		DATE