

SCMCCI

South Central Michigan Construction Code Inspection, Inc.
 113 S. Capitol Ave., PO Box 509, Athens MI 49011
 Ph: 269-729-5355 or Toll Free: 1-888-249-7077 Fx: 269-729-5359

Authority: P.A. 230 of 1972, as amended
 Completion: Mandatory to obtain permit
 Penalty: Permit can not be issued

Residential Building Permit Application

Inspection Scheduling: 1-877-223-2292

Office Hours 7:30am to 4:00 pm M-F
 closed 12:00pm to 12:30pm for lunch

Date: _____
 Permit: _____
 Amount: _____
 Method of Payment: _____
 Receipt #: _____

1. CONSTRUCTION LOCATION

Project Name		Address:	
City/Village	Township	County	Zip Code
Between	And	Property Code#	

2. PROPERTY OWNER OR LESSEE:

Name		Address:		City
State, Zip Code	Telephone	Work Phone	Fax	

3. CONTRACTOR INFORMATION

Name of Contractor		Address		City
State, Zip Code	Telephone	Work Phone	Fax	
License #	Expiration Date	Federal ID #	Workers Comp #	MESC Employer #

4. ARCHITECT OR ENGINEER INFORMATION (when applicable)

Name		Address		City
State, Zip Code	Telephone	Work Phone	Fax	

5. _____ I AM SUBMITTING 3 SETS OF PROJECT PLANS ALONG WITH A SITE PLAN FOR PLAN REVIEW ONLY AT THIS TIME. I REALIZE FURTHER DOCUMENTATION MAY BE REQUIRED.

6. PLEASE CHECK THE FOLLOWING REQUIRED DOCUMENTS THAT ARE BEING SUBMITTED WITH THIS APPLICATION (when applicable)

<input type="checkbox"/> Zoning Approval	<input type="checkbox"/> 3 sets of Prints(plans)	<input type="checkbox"/> Soil Erosion Permit
<input type="checkbox"/> Well Permit	<input type="checkbox"/> Driveway Permit	<input type="checkbox"/> DEQ Permit
<input type="checkbox"/> Sewer Permit	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Wetlands Permit

7. THE PROJECT WILL CONSIST OF: (separate permits are required for each roof structure)

<input type="checkbox"/> Stick Built Home _____ with attached garage <input type="checkbox"/> State of Michigan Approved Manufactured home Serial numbers (Side One) _____ (Side Two) _____ _____ with attached garage <input type="checkbox"/> Hud Approved Mobile/Doublewide, (year _____) Title serial numbers _____ HUD Certificate numbers _____ _____ with attached garage <input type="checkbox"/> Deck/Porch _____ with roof structure _____ without roof structure	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Garage _____ detached _____ attached/existing bldg <input type="checkbox"/> Pole Building <input type="checkbox"/> Storage Bldg/utility bldg/accessory bldg <input type="checkbox"/> Pool _____ below ground _____ above ground <input type="checkbox"/> Fire Job <input type="checkbox"/> Demolition, most recent use _____
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8. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Footing type: _____ pole _____ piers _____ slab	_____ full footing _____ crawl space _____ trench	Wall type: _____ poured walls _____ block walls _____ wood construction
The principle type of frame will be: _____ wood _____ structural steel		
The principle type of heating fuel: _____ natural gas _____ electric		
The type of water supply is: _____ private _____ public system		
The type of sewage disposal is: _____ private _____ public system		
The number of bedrooms involved: _____ # of bathrooms _____ #1/2 bathrooms _____		
Will project have Air Conditioning: _____ yes _____ no		
Will this project have a fireplace: _____ yes _____ no if yes, what kind: _____ masonry _____ zero-clearance _____ gas burning		
Will this project have a finished basement?: _____ yes _____ no		

9. STRUCTURAL ELEMENTS

This project will use: _____ truss' spaced _____" on center (provide manufacturers engineering) _____ rafters _____" x _____" spaced _____" on center _____ truss carriers (i.e. pole barns) _____" x _____" _____ outside/ _____ inside		
Exterior walls: _____ 2"x4" spaced _____" on center _____ 2"x6" spaced _____" on center	Support Columns:	_____ wood _____ x _____ spaced _____" on center
Floor Joints: _____ 2"x6" spaced _____" on center _____ 2"x8" spaced _____" on center _____ 2"x10" spaced _____" on center _____ 2"x12" spaced _____" on center _____ TJI's (provide manuf's engineering)		_____ steel _____ diameter _____ other _____ " on center

10. DIMENSIONS OF PROJECT

Basement, unfinished	_____ x _____ = _____ sq. ft.	LIVING SPACE
basement, finished	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
_____ cement slab _____ crawl space	_____ x _____ = _____ sq. ft.	
Main floor	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Upper level or loft area	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Garage _____ attached _____ detached	_____ x _____ = _____ sq. ft.	
Pole building	_____ x _____ = _____ sq. ft.	
utility/accessory building	_____ x _____ = _____ sq. ft.	
Addition/Alteration/Remodel	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Deck, with a roof structure	_____ x _____ = _____ sq. ft.	
without a roof structure	_____ x _____ = _____ sq. ft.	
Porch, with a roof structure	_____ x _____ = _____ sq. ft.	
without a roof structure	_____ x _____ = _____ sq. ft.	
Pool (requires electric permit/poss. mechanical)	_____ x _____ = _____ sq. ft.	
Fire job	_____ x _____ = _____ sq. ft.	
Other	_____ x _____ = _____ sq. ft.	
Demolition	_____ x _____ = _____ sq. ft.	

HEIGHT FROM GRADE LEVEL

(to highest point of building) _____ FT.

TOTAL SQ. FT. OF PROJECT

TOTAL LIVING AREA

YOUR ESTIMATED COST OF THIS PROJECT (required) \$

(Should include building, mechanical, electrical, and plumbing)

11. IF YOU ARE BUILDING ON OR NEAR A WATERWAY, PLEASE COMPLETE THE FOLLOWING:

My project is approximately _____ feet from a lake, river, stream or county drain. My soil erosion permit number is _____.

The bottom of the lowest horizontal structural member of this project will be approximately _____ ft. above summer lake level.

This project is in a flood hazard area; my DEQ permit number is _____. The 100 year floodplain elevation or rise at this location is _____. Determined by _____.

Since my project is in a flood plain hazard area, I understand that certain building restrictions will apply. Before construction begins, I must have a registered surveyor create an on site bench mark, upon completion and before occupancy of this project I must submit a certificate of as-built elevation from a registered land surveyor.

Signature _____ Date _____

****THIS APPLICATION WILL NOT BE ACCEPTED IF THIS SECTION IS NOT FILLED OUT COMPLETELY****

12. APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

I here by certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to confirm 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, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, 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 SUBJECT TO CIVIL FINES.

Print Applicant Name (not company) _____ Drivers License # _____

Address _____ City _____ State, Zip _____

SIGNATURE OF APPLICANT: _____ Phone # _____

LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

REVIEWS TO BE PERFORMED:

_____ Building _____ Electrical _____ Mechanical _____ Plumbing

ENVIROMENTAL CONTROL APPROVALS

	Required?	Approved/By	Date	Number
A - Zoning	____ Yes ____ No	/		
B - Septic System	____ Yes ____ No	/		
C - Water Supply	____ Yes ____ No	/		
D - Driveway	____ Yes ____ No	/		
E - Soil Erosion	____ Yes ____ No	/		
F - Flood Zone	____ Yes ____ No	/		
G - Variance Granted	____ Yes ____ No	/		
H - Other	____ Yes ____ No	/		

VALIDATION - FOR DEPARTMENT USE ONLY

_____ Use Group _____ Type of constr _____ Square Feet _____ No. of Insp. \$ _____ Fee enclosed

Building Official's Signature: _____ Date _____

Zoning Official's Signature (where applicable) _____

Comments: _____

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APPLICATION FOR PLANS EXAMINATION

TWO SETS OF PLANS MUST BE SUBMITTED FOR REVIEW. ALL SEALED PRINTS MUST CONTAIN A PROPER COVER PAGE WITH USE GROUP, CONSTRUCTION TYPE, SQUARE FOOTAGES, OCCUPANT LOAD AND ALL OF THE ARCHITECTS/ENGINEERS INFORMATION ON IT. ALL PRINTS MUST BE PROPERLY DIMENSIONED AND ALL ROOM SPACES MUST BE IDENTIFIED FOR THEIR INTENDED USE.

PRINTS NOT IN COMPLIANCE WITH THESE REQUIREMENTS, WILL NOT BE CONSIDERED AS READY FOR THE PLAN REVIEW PROCESS. THE TEN (10) WORKING DAY PERIOD FOR COMPLETEING THE PLAN REVIEW WILL NOT BEGIN UNTIL PLANS COMPLY WITH ALL REQUIREMENTS.

Office Hours: Mon. & Fri. 7:30 am to 4:00 pm

DATE	PERMIT NO:
	AMOUNT:
	RECEIPT NO:
NAME OF PROJECT	CHECK NO:

JOB ADDRESS	CITY	STATE	ZIP
APPLICANT NAME (PLEASE PRINT)	()		PHONE

ADDRESS	CITY	STATE	ZIP
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APPLICANTS SIGNATURE	DRIVERS LICENSE NUMBER
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REGISTERED ARCHITECT/ENGINEER	() PHONE
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REGISTRATION NUMBER	() FAX
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ADDRESS	CITY	STATE	ZIP
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BRIEFLY DESCRIBE BELOW THE USE OF THIS PROJECT

THIS SECTION FOR OFFICE USE ONLY

RESIDENTIAL PLANS
PLAN REVIEW FEES

USE GROUP: _____ OCCUPANT LOAD: _____ SQ. FOOTAGE: _____ BLDG HT: _____

	<u>TOTAL</u>
ALL "HUD", "STATE OF MICH" PRE-MANUF.HOUSING (W/OUT GARAGE)	\$ <u>50.00</u>
THOSE PRE-MANF HOUSES IN MOBILE HOME PARK W/FOUNDATION PRESENT	\$ <u>35.00</u>
SWIMMING POOLS	\$ <u>50.00</u>
POLE BARN/GARAGE (UN-FINISHED INSIDE) 600 SQ. FT. AND UNDER	\$ <u>35.00</u>
601 SQ. FT. TO 2,500 SQ. FT.	\$ <u>70.00</u>
2,501 SQ. FT. AND OVER	\$ <u>90.00</u>

IF THESE STRUCTURES ARE FINISHED INSIDE USE CHART BELOW

600 SQ. FEET AND UNDER	\$ 35.00		\$ <u>35.00</u>
601 TO 1,000 SQ. FT.	50.00 + \$3.00/100 SQ. FT. OR PORTION OF OVER 600		
	50.00 + (_____ X 3.)	=	\$ _____
	UNITS OF 100 OVER 600		
1,001 TO 3,500 SQ. FT.	70.00 + \$2.00/100 SQ.FT OR PORTION OF OVER 1,000		
	70.00 + (_____ X 2.)	=	\$ _____
	UNITS OF 100 OVER 1,000		

3,501 SQ. FT. & UP OF OCCUPIABLE SPACE REQUIRES COMPLETE SET OF STRUCTURAL, ELECTRICAL, MECHANICAL AND PLUMBING PRINT SIGNED AND SEALED BY AN ARCHITECT/ENGINEER.

\$125.00 + \$1.00/100 SQ. FT. OR PORTION OF OVER 3,500

$$\text{\$ } 125.00 + \left(\frac{\text{_____}}{100} \times 1 \right) = \text{\$ } \underline{\hspace{2cm}}$$

UNITS OF 100 OVER 3,500

ELECTRICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____
MECHANICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____
PLUMBING PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____
(ROUND OFF ALL FEES TO NEAREST \$1.00) TOTAL	=	\$ _____

COMMERCIAL PLAN REVIEW FEES

USE GROUP: _____ OCCUPANT LOAD: _____ SQ. FOOTAGE: _____ BLDG. HT: _____

600 SQ. FT. AND UNDER	\$ 35.00		\$ _____
601 TO 1,000 SQ. FT.	\$ 50.00 + .02 X _____ SQ. FT.	=	\$ _____
1,001 TO 10,000 SQ. FT.	\$ 70.00 + .015 X _____ SQ. FT.	=	\$ _____
10,001 SQ. FT. AND OVER	\$ 250.00 + .005 X _____ SQ. FT.	=	\$ _____
ELECTRICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____	
MECHANICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____	
PLUMBING PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)	=	\$ _____	
FIRE PROTECTION PLAN REVIEW .30 X _____ (MIN OF \$50)	=	\$ _____	
BARRIER FREE ACCESS PLAN REVIEW .015 X _____ (MIN OF \$50)	=	\$ _____	
PUBLIC SWIMMING POOL PLAN REVIEW .01 X _____ (MIN OF \$50)	=	\$ _____	
TOTAL	=	\$ _____	