

CITY OF PERRY
 203 W. Polly Street
 Perry, MI 48872
 Ph: (517) 625-6155 * Fax: (517) 625-6157



AUTHORITY: P.A. 230 of 1972 AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

SHIAWASSEE COUNTY

Building Permit and Plan Examination

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR
PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

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.

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NO.	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NO.	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NO.	
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 IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPEACIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

Property Tax I.D. _____

Building Permit Fee _____

Construction Value _____

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> ONE FAMILY | 3. <input type="checkbox"/> HOTEL, MOTELS | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
No. of Units _____ | 4. <input type="checkbox"/> ATTACHED GARAGE | 6. <input type="checkbox"/> OTHER NO. OF UNITS |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELEGION | 12. <input type="checkbox"/> HOSPLITAL, INSTITUTION | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 18. <input type="checkbox"/> OTHER _____ |

NON-RESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY. WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONSTRUCTION TYPE _____	1 st & 2 nd FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 rd - 10 th FLOOR	_____	_____	_____
	11 th - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

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		PHONE 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 THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM 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, 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 APPLICANT

PLAN REVIEW FEE ENCLOSED \$	OR STATE ACCOUNT NUMBER
BUILDING PERMIT FEE ENCLOSED \$	OR STATE ACCOUNT NUMBER

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

Plans are enclosed with this application.	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	[] YES [] NO				
B - FIRE DISTRICT	[] YES [] NO				
C - POLLUTION CONTROL	[] YES [] NO				
D - NOISE CONTROL	[] YES [] NO				
E - SOIL EROSION	[] YES [] NO				
F - FLOOD ZONE	[] YES [] NO				
G - WATER SUPPLY	[] YES [] NO				
H - SEPTIC SYSTEM	[] YES [] NO				
I - VARIANCE GRANTED	[] YES [] NO				
J - OTHER	[] YES [] NO				

VII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	Base Fee _____
TYPE OF CONSTRUCTION _____	Number of Inspections _____
SQUARE FEET _____	

Approval Signature	
TITLE	Date

