SAFEbuilt, INC. 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011 OFFICE: 269-729-9244 FAX: 269-729-9254

EMAIL: athensmi@safebuilt.com

INSPECTION SCHEDULING: 877-721-9266 Authority: 1972 PA 230 Completion: Mandatory to obtain permit Penalty: Permit cannot be issued

Permit #	
Fee	
Method of Payment	
Receipt #	

MAKE CHECK OR MONEY ORDER PAYABLE TO THE MUNICIPALITY

# **BUILDING PERMIT & PLANS EXAMINATION APPLICATION**

I. Project Infe	ormation					
JOB Address			Name of Owr	ıer		
Name of City, Village or Towns		:		County		Zip Code
O City () Village ()	Township OF:	And				
Between		And				
II. Identificati						
A. Owner or Lessee		1			1	
Name		Address			City	
State, Zip	Telephone	Work/Cell Phore	ne	Fax		Email
B. Contractor						
Name		Address			City	
State, Zip	Telephone	Work/Cell Pho	one Fax			Email
Builders License #	Expirati	ion Date	ate Federal Employer ID # (or reason for exe			iption)
Workers Comp Insurance Carrier (or reason for exemption)     MESC # (or reason for exemption)						
C. Architect or Eng	ineer					
Name		Address			City	
State, Zip	Telephone	Work/Cell Pho	ne	Fax		Email
License #	Expiration Date					
III. Type of Im	provement					
() New	() Interior Alteration			Roofing Only		() Foundation Only
() Addition	() Exterior Alteration/Remodel		() Roofing Re-Deck & Shingles			() Demolition
() Siding Only	() Mobile Home/Pre	-manufactured	() Roofir	ng Shingles Only		() Special Inspection
IV. Proposed Use of Building						
A. Residential						
() One Family Home () Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>				() Pool(Above/Below Ground)		
() Two Family Home					() Other	
() More than Two Family Home () Garage (Attached/Detached) <u>Circle One</u>						
B. Non-Residential						
() Amusement () Service Station			() School, Library, Educat.			
() Church, Religion				() Store, Mercantile		
() Industrial () Office, Bank, Professional			() Tanks, Towers			
() Parking Garage () Public Utility () Other						



Non-Residential: Describe in detail pro secondary school, college, parochial sch building is being changed, enter propos	ool, parking garage				
V. Selected Characte		-			
<b>A. Principal Type of Foun</b> Foundation: () Basement Pour			Dour / Plac	k (Circle One) () Di	arg () Other
		ral Steel () Reinforce			
B. Principal Type of Heati					
	ngiuci				
()Gas ()	Oil	()Electricity	()Coa	1	()0ther
C. Type of Sewage Dispose	al				
	Septic System				
D. Type of Water Supply					
		Cistore			
0 1	Private Well or	Listern			
<b>E. Type of Mechanical</b> Will there be Air Conditioning?		Comm	ercial Aue	stion: Will there be F	ire Suppression? ()Yes ()No
Will there be a fire place? ()Y		Gomm			
F. Dimensions/Data (Inc					
				modeled of new sq	uneresuger
Will any part of the basement	be finished?	)Yes ()No If so,ho	w much?_	Square	Feet
Number of Stories		NEW OR REMODE	LED OR AI	LTERED PROJECT IN	<b>FORMATION</b>
Height of Project	Circle Ore	Basement Area		Project Length Pro	ject Width Square Feet
	<u>Circle One</u> ew/Altered)	1 <sup>st</sup> Floor Area			
	ew/Altereuj	2 <sup>nd</sup> Floor Area			
No. of Full Baths(No.	ew/Altered)	3 <sup>rd</sup> Floor & Above			
(		Outbuilding/Other			
No. of 1/2 Baths(No	ew/Altered)	Deck/Porch (Attache		)	
		Garage (Attached/Det	ached)		
					Total Sq. Ft
G. Number of Off Street I	Parking Spaces	5 FOR COMMERCI	AL USE OI	NLY	
_ , ,					
Enclosed		Outdoors			
VI. Applicant Informa		- 11 fe	1 <sup>1</sup> 1		
Applicant is responsible for the following information:	ne payment of	all fees and charges	аррпсар	le to this applicatio	n and must provide the
Name	Address				City
	11441 000				
State, Zip Code	Telephone (inclu	ding area code)		Endoral Employor ID# (	or reason for exemption)
		ang area couej			or reason for exemptions
		6 l l.l.			
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. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.					
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 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:					DATE:
		2			

This Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc.., under the Americans with Disabilities Act, you may make your needs known to this agency.

VII. Local Government Agency to Complete This Section						
ENVIRONMENTAL CONTROL APPROVALS						
	Required	Approved	Date	Number	Ву	
Zoning	() Yes () No					
Soil Erosion	() Yes () No					
Flood Zone	() Yes () No					
Water Supply	() Yes () No					
Septic System	() Yes () No					
Driveway	() Yes () No					
VIII. Validation-	For Department Use (	Only				
Use Group Review to be Performed						
Type of Construction Number of Inspections						
Square Feet Bldg Permit FeePlan Exam Fee						
Type of Foundation						
Approval Signature:						
Title		Da	te			

## THIS APPLICATION IS FOR BUILDING PROJECTS - BOTH RESIDENTIAL AND COMMERCIAL

### ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 AS WELL AS THE APPLICATION FEE AND COST OF PLAN REVIEW (IF APPLICABLE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS OR APPLICATIONS.

#### **BUILDING PERMIT FEES ARE CALCULATED BY THE BUILDING INSPECTOR.**

#### **REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$100.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION**

#### MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED

# RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.

This Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc.., under the Americans with Disabilities Act, you may make your needs known to this agency.