

SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT

201 NORTH SHIAWASSEE STREET
 SURBECK BUILDING • THIRD FLOOR
 CORUNNA, MI 48817
 PHONE: (989) 743-2396 • FAX: (989) 743-2393
 INSPECTION LINE: (989) 743-2280

BUILDING PERMIT APPLICATION

<input type="checkbox"/> Residential	<input type="checkbox"/> Remodel	<input type="checkbox"/> Foundation Only	Date: _____
<input type="checkbox"/> Modular	<input type="checkbox"/> Addition	<input type="checkbox"/> Multi-Family	Permit #: _____
<input type="checkbox"/> Double Wide	<input type="checkbox"/> Pole Building	<input type="checkbox"/> Demolition	Receipt #: _____
<input type="checkbox"/> Mobile Home (Permanent)	<input type="checkbox"/> Garage	<input type="checkbox"/> Commercial	Class: _____
	<input type="checkbox"/> Decks/Porches	<input type="checkbox"/> Relocation	
	<input type="checkbox"/> Other		

Incomplete applications will be rejected

Name of Owner
Address of Job:
Township/Section/Subdivision/Lot
Parcel Number 7B-

Contractor/Homeowner Information

Applicant:
Address
City/State/Zip:
Telephone Number (with area code):
Homeowner: _____ Contractor: _____
Federal Employer Identification Number:
M.E.S.C. Employer Number:
Workers Compensation/Disability Insurance Carrier:
Builder's License Number, Expiration Date:

Description of Work: _____

Proposed Use: _____

<input type="checkbox"/> Special Use Permit Granted	Date: _____
<input type="checkbox"/> Variance Granted	Date: _____

HOMEOWNERS AFFIDAVIT: I hereby certify that the building work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Building Code and will not be covered, enclosed or put into service until it has been inspected and approved by a Shiawassee County Inspector. I will cooperate with the County and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

HOMEOWNER'S SIGNATURE

CONTRACTOR'S SIGNATURE

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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

	COST	NO. UNITS	TOTAL
PERMIT FEES:			
Application Fee (non refundable)	\$ 40.00		\$ 40.00
Rough Inspection	40.00		
Final Inspection	40.00		
Reinspection (in advance)	60.00		
Additional Inspection	40.00		
Certificate Fee	25.00		
Plan Review (min. fee/\$50.00/hr. after)	200.00		
BUILDING TYPE:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry		
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel		
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other		
FOUNDATION:			
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall		
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing		
<input type="checkbox"/> Flatwall	<input type="checkbox"/> Other		
BUILDING DIMENSIONS (Measured in Sq. Feet):			
Dwelling: 1st floor _____	2nd floor _____		
Garage: _____	Acc. Bldg: _____		
BASEMENT (please note size):			
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg/Unlin. _____ x _____		
<input type="checkbox"/> Reg/Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____		
NUMBER OF ROOMS:			
# of rooms (excluding bathrooms & great rooms = 1 room) _____			
# of bathrooms _____			
# of bedrooms _____			
WINDOW INFORMATION:			
Brand: _____			
<input type="checkbox"/> Double Hung	<input type="checkbox"/> Single Hung		
<input type="checkbox"/> Casement	<input type="checkbox"/> Slider		
<input type="checkbox"/> Other _____			
FURNACE/VENTS:			
<input type="checkbox"/> PVC	<input type="checkbox"/> Masonry		
<input type="checkbox"/> Class "B" Metal	<input type="checkbox"/> Other		
SMOKE DETECTORS (Must be hardwired with battery backup)			
# of Smoke Detectors _____			
FIREPLACE:			
<input type="checkbox"/> Masonry	<input type="checkbox"/> Prefab		
SIDING/ROOFING:			
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum		
<input type="checkbox"/> Wood	<input type="checkbox"/> T1-11		
<input type="checkbox"/> Brick	<input type="checkbox"/> Other _____		
Roof: _____			
SWIMMING POOLS:			
<input type="checkbox"/> Above Ground	\$ 30.00		
<input type="checkbox"/> Below Ground	\$ 80.00		
TOTAL FEE TO BE PAID (Calculated by Staff) \$ _____			

PLAN REVIEW REQUIRED

A plan review may be required before work is started. Only homes of under 3,500 square feet are exempt from plan review. Have plans been submitted for plan review?

YES NO NOT REQUIRED

Official: _____

Date Approved: _____