

BUILDING PERMIT APPLICATION

Shiawassee County Community Development Department
Surbeck Building, Third Floor
201 N. Shiawassee St.
Corunna, MI 48817
Phone: (989) 743-2396 • Fax: (989) 743-2393
Email: comdev@shiawassee.net

INSPECTION LINE: (989) 743-2280

Date: _____ Permit # _____ Receipt # _____ Class: _____

Please leave unknown information blank.

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

Contractor/Homeowner Information

Applicant:
Address:
City/State/Zip:
Phone: Contractor: _____ Homeowner: _____
Federal Employer Identification Number:
M.E.S.C. Employer Number:
Workers Compensation/Disability Insurance Carrier:
Contractor's License Number, Expiration Date:

Work Description:

Proposed Use: _____

Homeowners Affidavit: I hereby certify that the building work described above shall be installed by myself in 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.

Home Owner's Signature: _____

Contractor's Signature: _____

Expiration of Permit: A permit remains valid as long as work is progressing and inspection 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.

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"/> Ratwall	<input type="checkbox"/> Other _____
BUILDING DIMENSIONS (Measured in Sq. Feet)	
Dwelling: 1 st floor _____	2 nd floor _____
Garage: _____	Acc. Bldg: _____
BASEMENT (Please note size)	
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____
<input type="checkbox"/> Unfinished _____ x _____	<input type="checkbox"/> Finished _____ x _____
<input type="checkbox"/> Partially Finished _____ x _____	
NUMBER OF ROOMS	
# of bathrooms _____	
# of bedrooms _____	
# of all rooms _____	
WINDOW INFORMATION	
<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 w/ battery backup)	
# of Smoke Detectors _____	
FIREPLACE	
<input type="checkbox"/> Solid Fuel (wood)	<input type="checkbox"/> Gas
SIDING: _____	
ROOFING: _____	
SWIMMING POOLS	
<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground

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 sq. ft. are exempt from plan review. Have plans been submitted for plan review?

YES NO NOT REQUIRED

Official: _____

Date Approved: _____