

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CITY OF GRAND BLANC

NOTICE TO ALL APPLICANTS

THE APPROVAL OF THIS PERMIT DOES NOT CONSTITUTE APPROVAL TO CONTRADICT REQUIRED DEED RESTRICTIONS. THE CITY OF GRAND BLANC IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF ANY RECORDED DEED RESTRICTIONS. YOU ARE RESPONSIBLE FOR VERIFYING IF YOUR PROPOSED CONSTRUCTION VIOLATES ANY PROPERTY COVENANTS OR DEED RESTRICTIONS. IF YOU HAVE ANY QUESTIONS YOU MAY WISH TO CONTACT YOUR HOMEOWNERS ASSOCIATION.

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

I. PROJECT INFORMATION				
PROJECT TYPE		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
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 (COPY OF CONTRACT REQUIRED)				
A. TYPE OF IMPROVEMENT		COST 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"/> SPECIAL 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

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1. ONE FAMILY
2. TWO OR MORE FAMILY
NO. OF UNITS _____
3. HOTEL, MOTEL
NO. OF UNITS _____
4. ATTACHED GARAGE
5. DETACHED GARAGE
6. OTHER

B. NON-RESIDENTIAL

7. AMUSEMENT
8. CHURCH, RELIGION
9. INDUSTRIAL
10. PARKING GARAGE
11. SERVICE STATION
12. HOSPITAL, INSTITUTIONAL
13. OFFICE, BANK, PROFESSIONAL
14. PUBLIC UTILITY
15. SCHOOL, LIBRARY, EDUCATIONAL
16. STORE, MERCANTILE
17. TANKS, TOWERS
18. OTHER

NONRESIDENTIAL-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

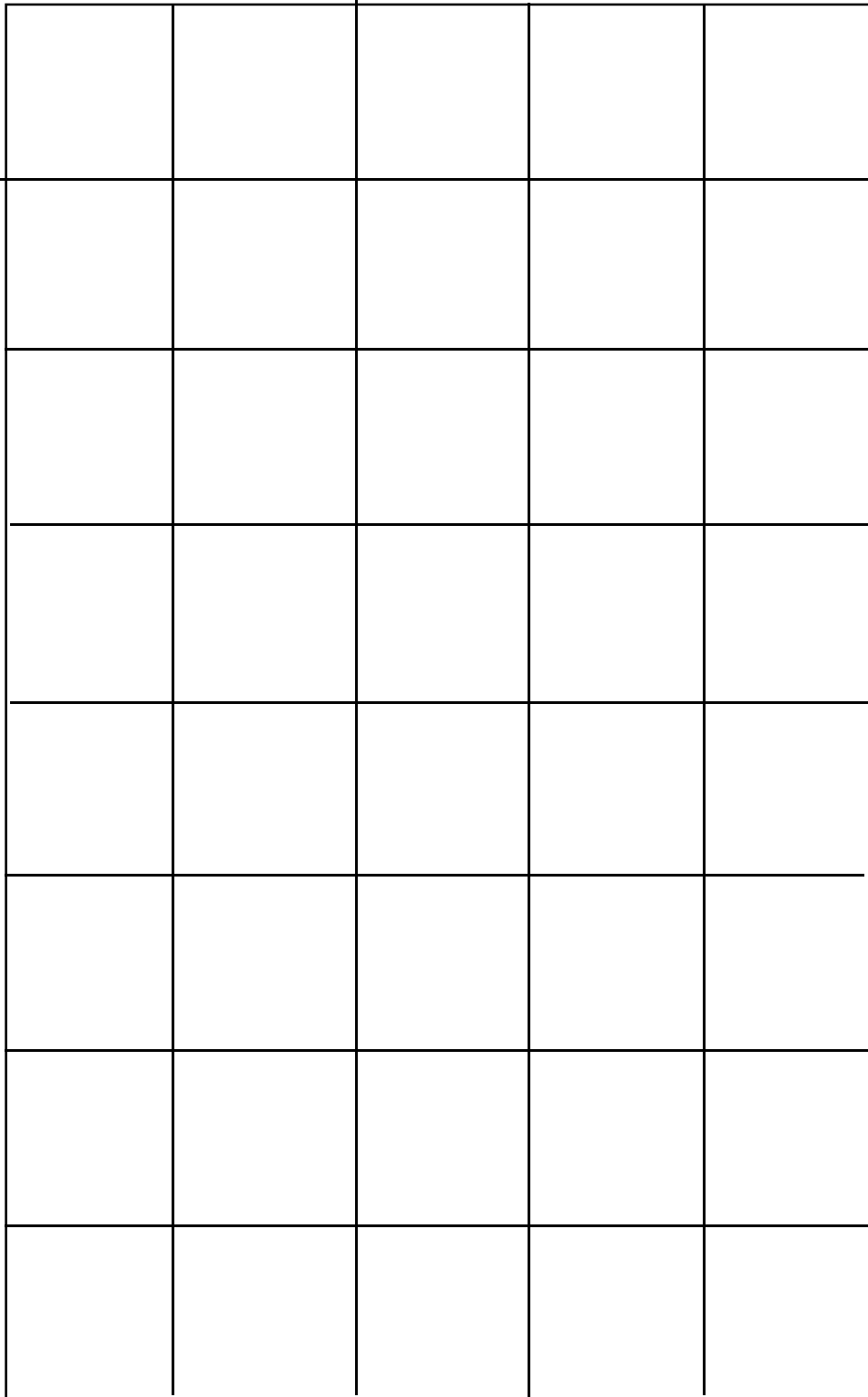
17. NUMBER OF STORIES	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
_____	BASEMENT	_____	_____	_____
18. USE GROUP _____	1ST & 2ND FLOOR	_____	_____	_____
19. CONSTRUCTION TYPE _____	3RD - 10TH FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	11TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____
23. OUTDOORS _____

SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

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		TELEPHONE NO.			
ADDRESS	CITY	STATE	ZIP CODE		
FEDERAL I.D. NUMBER:					
<p>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.</p>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Section 23a of the state construction code act of 1972, 1972PA 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.</p> </div>					
SIGNATURE OF APPLICANT					
PLAN REVIEW FEE ENCLOSED \$ _____		BUILDING PERMIT FEE ENCLOSED \$ _____			
VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION					
ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
VIII. VALIDATION - FOR DEPARTMENT USE ONLY					
USE GROUP _____	BASE FEE _____				
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____				
SQUARE FEET _____					
APPROVAL SIGNATURE					
TITLE			DATE		