

20 _____

No. _____

BUILDING PERMIT APPLICATION

CITY OF ST. IGNACE, MICHIGAN

Property I.D. # _____

I. LOCATION OF BUILDING				
ADDRESS				
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE	
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
B. ARCHITECT OR ENGINEER				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
LICENSE NO.		EXPIRATION DATE		
C. CONTRACTOR				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
BUILDERS LICENSE NO.			EXPIRATION DATE	
FEDERAL EMPLOYER I.D. 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	2. <input type="checkbox"/> Addition	3. <input type="checkbox"/> Alteration	4. <input type="checkbox"/> Repair	5. <input type="checkbox"/> Wrecking
6. <input type="checkbox"/> Mobile Home Set-up	7. <input type="checkbox"/> Foundation Only	8. <input type="checkbox"/> Premanufacture	9. <input type="checkbox"/> Relocation	
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy

Approximate Value \$ _____

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL - For "wrecking," show most recent use**

- | | | |
|--|---|---|
| 14. <input type="checkbox"/> One Family | 15. <input type="checkbox"/> Two or More Family
(no. of units _____) | 16. <input type="checkbox"/> Hotel, Motel
(no. of units _____) |
| 17. <input type="checkbox"/> Attached Garage | 18. <input type="checkbox"/> Detached Garage | 19. <input type="checkbox"/> Other |

B. NON-RESIDENTIAL - For "wrecking," show most recent use

- | | | |
|---|--|---|
| 20. <input type="checkbox"/> Amusement | 21. <input type="checkbox"/> Church, Religious | 22. <input type="checkbox"/> Industrial |
| 23. <input type="checkbox"/> Parking Garage | 24. <input type="checkbox"/> Service Station | 25. <input type="checkbox"/> Hospital, Institutional |
| 26. <input type="checkbox"/> Office, Bank, Professional | 27. <input type="checkbox"/> Public Utility | 28. <input type="checkbox"/> School, Library, Educational |
| 29. <input type="checkbox"/> Store, Mercantile | 30. <input type="checkbox"/> Tanks, Towers | 31. <input type="checkbox"/> 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. <input type="checkbox"/> Masonry, Wall Bearing | 2. <input type="checkbox"/> Wood Frame | 3. <input type="checkbox"/> Structured Steel |
| 4. <input type="checkbox"/> Reinforced Concrete | 5. <input type="checkbox"/> Other | |

B. PRINCIPAL TYPE OF HEATING FUEL

- | | | | | |
|---------------------------------|---------------------------------|---|----------------------------------|--|
| 6. <input type="checkbox"/> Gas | 7. <input type="checkbox"/> Oil | 8. <input type="checkbox"/> Electricity | 9. <input type="checkbox"/> Coal | 10. <input type="checkbox"/> Other _____ |
|---------------------------------|---------------------------------|---|----------------------------------|--|

C. TYPE OF SEWAGE DISPOSAL

- | | |
|--|--|
| 11. <input type="checkbox"/> Public or Private Company | 12. <input type="checkbox"/> Septic System |
|--|--|

D. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 13. <input type="checkbox"/> Public or Private Company | 14. <input type="checkbox"/> Private Well or Cistern |
|--|--|

E. TYPE OF MECHANICAL

- | | |
|---|--|
| 15. Will there be air conditioning <input type="checkbox"/> yes <input type="checkbox"/> no | 16. Will there be an elevator <input type="checkbox"/> yes <input type="checkbox"/> no |
|---|--|

F. DIMENSIONS

- | | |
|-----------------------------|---|
| 17. Number of stories _____ | 18. Floor Area: 1st & 2nd Floor _____ |
| 3rd - 10th Floor _____ | 11th - Above Floor _____ |
| Total Area _____ | 19. Total Land Area (square feet) _____ |

G. NUMBER OF OFF STREET PARKING SPACES

- | | |
|--------------------|--------------------|
| 20. Enclosed _____ | 21. 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

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP

FEDERAL I.D. NO. / SOCIAL SECURITY NO.

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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.

FEE ENCLOSED \$

SIGNATURE OF APPLICANT

APPLICATION DATE

VII. LOCAL GOVERNMENTAL 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 - FLOODZONE	<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				

NOTES AND DATE - FOR DEPARTMENT USE _____

VII. VALIDATION

BUILDING PERMIT NUMBER	APPROVED BY:
ISSUE DATE	(SIGNATURE)
PERMIT FEE	(TITLE)

X. SITE OR PLOT PLAN - For Applicant Use

Indicate direction of North within the circle:

