

**APPLICATION FOR BUILDING PERMIT**

CHARLEVOIX COUNTY DEPT. OF BUILDING  
SAFETY 13513 DIVISION STREET  
CHARLEVOIX, MICHIGAN 49720  
TELEPHONE: (231) 547-7236  
FAX : (231) 547-7250  
email [buildingsafety@charlevoixcounty.org](mailto:buildingsafety@charlevoixcounty.org)

Rev: 07/15

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**INFORMATION REQUIRED – AS PER PUBLIC ACTS – 230 of 1972 AND 135 OF 1989**

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[ ] **LOCATION OF STRUCTURE:**

CORRECT ADDRESS: \_\_\_\_\_

(Rural addresses consist of (5) digits and the road name

BETWEEN CROSSROADS: \_\_\_\_\_ CITY or TOWNSHIP \_\_\_\_\_

PROPERTY TAX I.D. NUMBER: 15-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ (required for permit)

IS THIS SITE IN A FLOOD PLAIN? YES NO IN A LOW LYING AREA? YES NO

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[ ] **IDENTIFICATION REQUIREMENTS: OWNERSHIP**

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NAME OF OWNER/LESSEE: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_ (\_\_\_\_) \_\_\_\_\_ E-MAIL/FAX: \_\_\_\_\_

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[ ] **CONTRACTOR IDENTIFICATION: ALL ITEMS MUST BE COMPLETED TO OBTAIN PERMIT**

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NAME OF BUSINESS: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

TELEPHONE: \_\_ (\_\_\_\_) \_\_\_\_\_ E-MAIL/FAX: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

# Street/Road City State Zip

**BUILDER’S LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER/OR  
REASON FOR EXEMPTION: \_\_\_\_\_

WORKER’S COM. INSURANCE CARRIER/OR  
REASON FOR EXEMPTION: \_\_\_\_\_

M.E.S.C.EMPLOYER NUMBER/OR  
REASON FOR EXEMPTION: \_\_\_\_\_

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[ ] **ARCHITECT OR ENGINEER: (IF APPLICABLE) Registration Act of 1937, as amended.**

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NAME OF ARCHITECT OR ENGINEER: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

# Street/Road City State Zip

TELEPHONE: \_\_ (\_\_\_\_) \_\_\_\_\_ E-MAIL/FAX: \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**[ ] TYPE OF IMPROVEMENT:**

NEW BUILDING	PRE-MANUFACTURE	RELOCATION	SIDING
ADDITION	STATE	DECK	OTHER _____
REMODEL	MOBILE HOME	PORCH	
FOUNDATION ONLY	SET-UP HUD	ROOFING	
	DEMOLITION		

**[ ] PROPOSED USE OF BUILDING**

**RESIDENTIAL**

ONE FAMILY	ATTACHED GARAGE		<b>EXIST NEW TOTAL</b>
TWO OR MORE FAMILY	<b>HEATED</b> ( )		
# OF UNITS _____	<b>UNHEATED</b> ( )	#OF BEDRMS _____	
HOTEL, MOTEL	DETACHED GARAGE		
# OF UNITS _____	<b>HEATED</b> ( )	#OF BATHRMS _____	
POLE BUILDING	<b>UNHEATED</b> ( )		
<b>SAME PROPERTY AS RESIDENCE</b>	OTHER _____		

**NON-RESIDENTIAL**

CHURCH-RELIGION	PUBLIC UTILITY	TOWERS
INDUSTRIAL	STORE, MERCANTILE	OTHER _____
HOSPITAL, INSTITUTIONAL	POLE BUILDING	
OFFICE, BANK, PROFESSIONAL	<b>NON-CONTIGUOUS TO A RESIDENTIAL PROPERTY</b>	

**NON-RESIDENTIAL** DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

**[ ] ESTIMATED COST OF CONSTRUCTION:** \$ \_\_\_\_\_

**[ ] SELECTED CHARACTERISTICS OF BUILDING:**

**PRINCIPAL TYPE OF FOUNDATION:**

BASEMENT	POURED CONCRETE
<b>Un-finished</b> ( )	BLOCK
<b>Finished</b> ( )	PERMANENT WOOD FOUNDATION
CRAWLSPACE	INSULATED CONCRETE FORM
PIERS	SUPERIOR WALL
OTHER: _____	

**PRINCIPAL TYPE OF FRAME:**

MASONRY, WALL BEARING	WOOD FRAME	STRUCTURAL STEEL	REINFORCED CONCRETE	OTHER _____
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**PRINCIPAL TYPE OF HEATING FUEL:**

GAS	OIL	ELECTRICITY	WOOD	OTHER
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**TYPE OF SEWAGE DISPOSAL:**

PUBLIC OR PRIVATE COMPANY	SEPTIC SYSTEM
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**TYPE OF WATER SUPPLY:**

PUBLIC OR PRIVATE COMPANY	PRIVATE WELL OR CISTERN
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**TYPE OF MECHANICAL:**

WILL THERE BE AIR CONDITIONING? **Yes**      **No**

**DIMENSIONS DATA:**

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NON-RESIDENTIAL:	BASEMENT/CRAWL	_____	_____	_____
USE GROUP _____	1 <sup>ST</sup> FLOOR	_____	_____	_____
CONST. TYPE _____	2 <sup>ND</sup> & ABOVE	_____	_____	_____
NO. OF OCCUPANTS _____	TOTAL AREA	_____	_____	_____

WILL THERE BE AN ELEVATOR?      YES                  NO

HAS "Barrier Free" BEEN ADDRESSED?      YES                  NO                  NUMBER OF STORIES \_\_\_\_\_

WILL THERE BE FIRE SUPPRESSION?      YES                  NO

**DEMOLITIONS:** (WRECKING) **BUILDING SIZE:** \_\_\_\_\_ **X** \_\_\_\_\_

**MOST RECENT USE OF STRUCTURE BEING ELIMINATED?** (Example: Residence, Retail, Storage, Etc.)

**PROPERTY TAX I.D. # 15-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ESTIMATED COST OF DEMOLITION?** \_\_\_\_\_

**RESPONSIBILITY:**

**APPLICANT IS RESPONSIBLE FOR:**

- 1). SUBMITTING ALL REQUIREMENTS:
- 2). PAYMENT OF ALL FEES.
- 3). CALLING FOR ALL INSPECTIONS, INCLUDING FINAL OCCUPANCY.

**ORDERED TO APPEAR HERE BY "PUBLIC ACT 230, of 1972, and 135 of 1989". State of Michigan**

**PLEASE READ BEFORE SIGNING.**

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 the 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.

**ALSO READ**

**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.**

PERSON RESPONSIBLE:      NAME: \_\_\_\_\_

Please Print

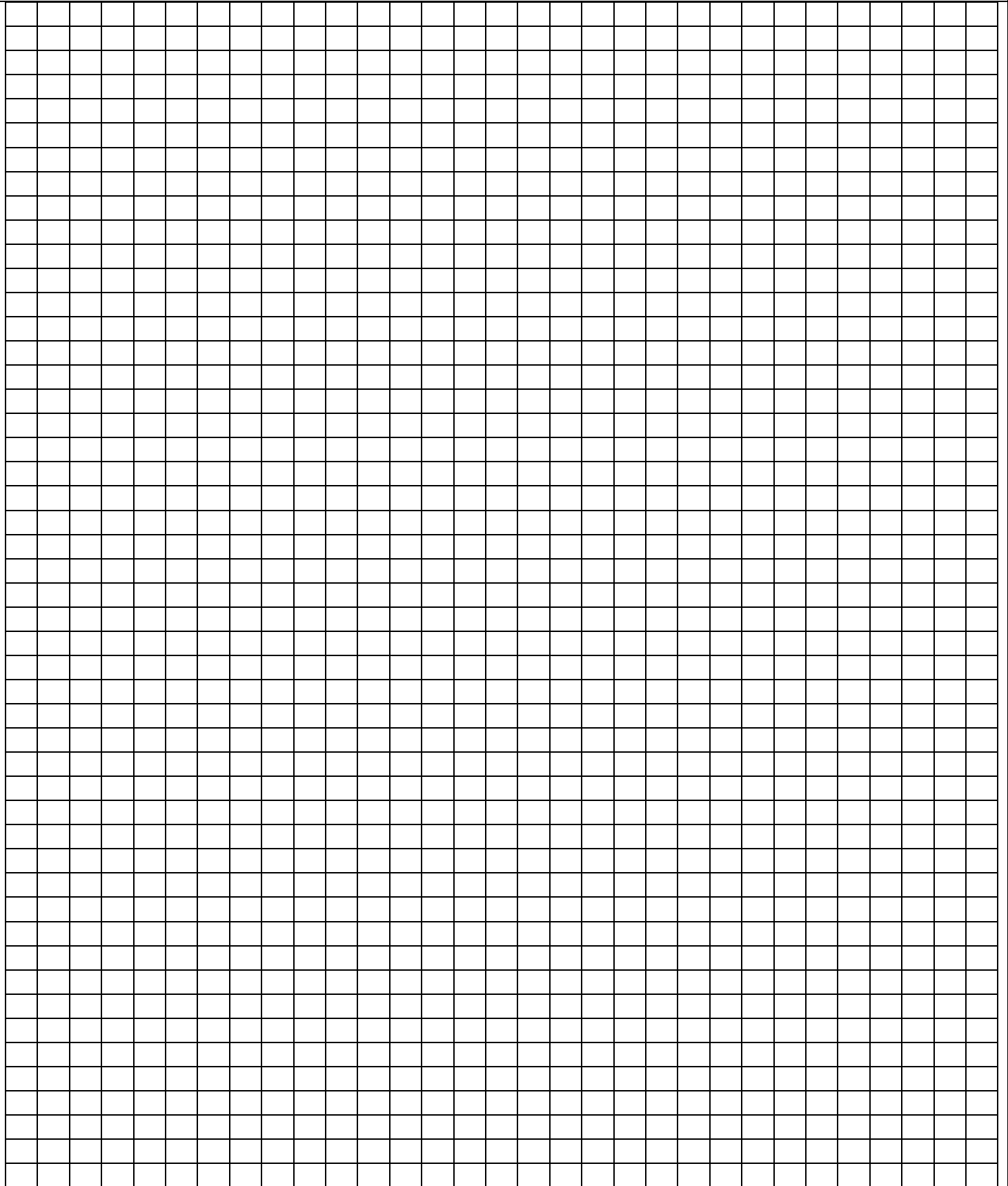
MAILING ADDRESS: \_\_\_\_\_

Street Address                                  City                                  State                                  Zip

**SIGNATURE OF APPLICANT/CONTRACTOR/AGENT – RESPONSIBLE PARTY.**

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

[ ] SITE OR PLOT PLAN – For Applicant Use



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

