2026 APPLICATION FOR BUILDING PERMIT

2021 MICHIGAN BUILDING CODE
2015 MICHIGAN RESIDENTIAL CODE

CHARLEVOIX COUNTY DEPT. OF BUILDING SAFETY
13513 DIVISION ST
CHARLEVOIX, MICHIGAN 49720
TELEPHONE: (231) 547-7236
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email **buildingsafety@charlevoixcounty.org**

Rev: 07/15

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

[ ] **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**

[ ] **IDENTIFICATION REQUIREMENTS: OWNERSHIP**

NAME OF OWNER/LESSEE:_____

CURRENT MAILING ADDRESS:_____

CITY, STATE, ZIP_____

TELEPHONE:__(_____)_____E-MAIL/FAX: _____

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

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: _____

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

NAME OF ARCHITECT OR ENGINEER: _____

FIRM NAME: _____

BUSINESS ADDRESS _____
Street/Road City State Zip

TELEPHONE: __(_____)_____E-MAIL/FAX: _____

LICENSE NUMBER: _____**EXPIRATION DATE:** _____

PAGE TWO, DEPARTMENT OF BUILDING SAFETY, BUILDING PERMIT APPLICATION
COMPLETE ALL ITEMS THAT APPLY TO YOUR PROJECT

[ ] TYPE OF IMPROVEMENT:

NEW BUILDING
ADDITION
REMODEL
FOUNDATION ONLY

PRE-MANUFACTURE **STATE**
MOBILE HOME SET-UP **HUD**
DEMOLITION

RELOCATION
DECK
PORCH
ROOFING

SIDING
OTHER _____
SOLAR ARRAY

[ ] PROPOSED USE OF BUILDING

RESIDENTIAL

ONE FAMILY
TWO OR MORE FAMILY
OF UNITS _____
HOTEL, MOTEL
OF UNITS _____
POLE BUILDING
SAME PROPERTY AS RESIDENCE

ATTACHED GARAGE
HEATED ( )
UNHEATED ( )
DETACHED GARAGE
HEATED ( )
UNHEATED ( )
OTHER _____

	EXIST	**NEW**	**TOTAL**
#OF BEDRMS	_____	_____	_____
#OF BATHRMS	_____	_____	_____

NON-RESIDENTIAL

CHURCH-RELIGION
INDUSTRIAL
HOSPITAL, INSTITUTIONAL
OFFICE, BANK, PROFESSIONAL

PUBLIC UTILITY
STORE, MERCANTILE
POLE BUILDING
NON-CONTIGUOUS TO A RESIDENTIAL PROPERTY

TOWERS
OTHER
_____

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

[ ] ESTIMATED COST OF CONSTRUCTION: $_____

[ ] SELECTED CHARACTERISTICS OF BUILDING:

PRINCIPAL TYPE OF FOUNDATION:

BASEMENT
Un-finished ( )
Finished ( )
CRAWLSPACE
PIERS
OTHER:_____

POURED CONCRETE
BLOCK
PERMANENT WOOD FOUNDATION
INSULATED CONCRETE FORM SUPERIOR WALL

PRINCIPAL TYPE OF FRAME:

MASONRY, WALL BEARING | WOOD FRAME | STRUCTURAL STEEL | REINFORCED CONCRETE | OTHER _____

PRINCIPAL TYPE OF HEATING FUEL:

GAS | OIL | ELECTRICITY | WOOD | OTHER

TYPE OF SEWAGE DISPOSAL:

PUBLIC OR PRIVATE COMPANY | SEPTIC SYSTEM

TYPE OF WATER SUPPLY:

PUBLIC OR PRIVATE COMPANY | PRIVATE WELL OR CISTERN

TYPE OF MECHANICAL:

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

DIMENSIONS DATA:

		FLOOR AREA	EXISTING	ALTERATIONS	NEW
NON-RESIDENTIAL:		BASEMENT/CRAWL	_____	_____	_____
USE GROUP	_____	1ST FLOOR	_____	_____	_____
CONST. TYPE	_____	2ND & 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:** _____

***** MAKE CHECKS PAYABLE TO:** ***DEPARTMENT OF BUILDING SAFETY******

[ ] **SITE OR PLOT PLAN – For Applicant Use**

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

