

SAFEbuilt, INC.
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
 OFFICE: 269-729-9244 FAX: 269-729-9254
 EMAIL: athensmi@safebuilt.com
 INSPECTION SCHEDULING: 877-721-9266
 Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

Permit # _____
 Fee _____
 Method of Payment _____
 Receipt # _____

MAKE CHECK OR MONEY ORDER PAYABLE TO THE MUNICIPALITY

BUILDING PERMIT & PLANS EXAMINATION APPLICATION

| | | | | | |
|---|---|---|---|--------|----------|
| I. Project Information | | | | | |
| JOB Address | | | Name of Owner | | |
| Name of City, Village or Township in which job is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF: | | | | County | Zip Code |
| Between _____ | | | And _____ | | |
| II. Identification | | | | | |
| A. Owner or Lessee | | | | | |
| Name | | Address | | City | |
| State, Zip | Telephone | Work/Cell Phone | Fax | Email | |
| B. Contractor | | | | | |
| Name | | Address | | City | |
| State, Zip | Telephone | Work/Cell Phone | Fax | Email | |
| Builders License # | | Expiration Date | Federal Employer ID # (or reason for exemption) | | |
| Workers Comp Insurance Carrier (or reason for exemption) | | | MESC # (or reason for exemption) | | |
| C. Architect or Engineer | | | | | |
| Name | | Address | | City | |
| State, Zip | Telephone | Work/Cell Phone | Fax | Email | |
| License # | | | Expiration Date | | |
| III. Type of Improvement | | | | | |
| <input type="checkbox"/> New | <input type="checkbox"/> Interior Alteration/Remodel | <input type="checkbox"/> Metal Roofing Only | <input type="checkbox"/> Foundation Only | | |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Exterior Alteration/Remodel | <input type="checkbox"/> Roofing Re-Deck & Shingles | <input type="checkbox"/> Demolition | | |
| <input type="checkbox"/> Siding Only | <input type="checkbox"/> Mobile Home/Pre-manufactured | <input type="checkbox"/> Roofing Shingles Only | <input type="checkbox"/> Special Inspection | | |
| IV. Proposed Use of Building | | | | | |
| A. Residential | | | | | |
| <input type="checkbox"/> One Family Home | <input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u> | <input type="checkbox"/> Pool(Above/Below Ground) | | | |
| <input type="checkbox"/> Two Family Home | <input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u> | <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> More than Two Family Home | <input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u> | | | | |
| B. Non-Residential | | | | | |
| <input type="checkbox"/> Amusement | <input type="checkbox"/> Service Station | <input type="checkbox"/> School, Library, Educat. | | | |
| <input type="checkbox"/> Church, Religion | <input type="checkbox"/> Hospital, Institutional | <input type="checkbox"/> Store, Mercantile | | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Office, Bank, Professional | <input type="checkbox"/> Tanks, Towers | | | |
| <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Other _____ | | | |

Non-Residential: 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 Foundation and Frame

Foundation: Basement Pour/Block (Circle One) Crawl Space Pour/Block (Circle One) Piers Other _____
 Frame: Masonry Wood Structural Steel Reinforced Concrete Other _____

B. Principal Type of Heating Fuel

Gas Oil Electricity Coal Other _____

C. Type of Sewage Disposal

City Sewer Septic System

D. Type of Water Supply

City Water Private Well or Cistern

E. Type of Mechanical

Will there be Air Conditioning? Yes No Commercial Question: Will there be Fire Suppression? Yes No
 Will there be a fire place? Yes No Will it be masonry? Yes No Type of fuel burned in fire place: Wood Gas

F. Dimensions/Data (Include only project dimensions of altered, remodeled or new square footage)

Will any part of the basement be finished? Yes No If so, how much? _____ Square Feet

Number of Stories _____

NEW OR REMODELED OR ALTERED PROJECT INFORMATION

| Height of Project _____ | | Project Length | Project Width | Square Feet |
|--|--------------------------------|----------------|---------------|----------------------------|
| No. of Bedrooms _____ (<u>Circle One</u> (New/Altered)) | Basement Area | _____ | _____ | _____ |
| | 1 st Floor Area | _____ | _____ | _____ |
| No. of Full Baths _____ ((New/Altered)) | 2 nd Floor Area | _____ | _____ | _____ |
| | 3 rd Floor & Above | _____ | _____ | _____ |
| No. of 1/2 Baths _____ ((New/Altered)) | Outbuilding/Other _____ | _____ | _____ | _____ |
| | Deck/Porch (Attached/Detached) | _____ | _____ | _____ |
| | Garage (Attached/Detached) | _____ | _____ | _____ |
| | | | | Total Sq. Ft. _____ |

G. Number of Off Street Parking Spaces FOR COMMERCIAL USE ONLY

Enclosed _____ 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 | Address | City |
| State, Zip Code | Telephone (including area code) | Federal Employer ID# (or reason for exemption) |

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. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT:

DATE:

| VII. Local Government Agency to Complete This Section | | | | | |
|--|--|------------------------------|------|---------------------|----|
| ENVIRONMENTAL CONTROL APPROVALS | | | | | |
| | Required | Approved | Date | Number | By |
| Zoning | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Soil Erosion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Flood Zone | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Water Supply | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Septic System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Driveway | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| VIII. Validation-For Department Use Only | | | | | |
| Use Group _____ | | Review to be Performed _____ | | | |
| Type of Construction _____ | | Number of Inspections _____ | | | |
| Square Feet _____ | | Bldg Permit Fee _____ | | Plan Exam Fee _____ | |
| Type of Foundation _____ | | | | | |
| Approval Signature: | | | | | |
| Title | | | Date | | |

THIS APPLICATION IS FOR BUILDING PROJECTS - BOTH RESIDENTIAL AND COMMERCIAL

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 AS WELL AS THE APPLICATION FEE AND COST OF PLAN REVIEW (IF APPLICABLE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS OR APPLICATIONS.

BUILDING PERMIT FEES ARE CALCULATED BY THE BUILDING INSPECTOR.

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$100.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION

MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.