

APPLICATION FOR BUILDING PERMIT

CHARLEVOIX COUNTY DEPT. OF BUILDING SAFETY
301 STATE STREET SUITE # 5
CHARLEVOIX, MICHIGAN 49720
TELEPHONE: (231) 547-7236
FAX: (231) 547-7250
www.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:** _____

[] 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		EXIST NEW TOTAL
TWO OR MORE FAMILY	HEATED ()		
# OF UNITS _____	UNHEATED ()	#OF BEDRMS _____	
HOTEL, MOTEL	DETACHED GARAGE		
# OF UNITS _____	HEATED ()	#OF BATHRMS _____	
POLE BUILDING	UNHEATED ()		
SAME PROPERTY AS RESIDENCE	OTHER _____		

NON-RESIDENTIAL

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

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

[] ESTIMATED COST OF CONSTRUCTION: \$ _____

[] SELECTED CHARACTERISTICS OF BUILDING:

PRINCIPAL TYPE OF FOUNDATION:

BASEMENT	POURED CONCRETE
Un-finished ()	BLOCK
Finished ()	PERMANENT WOOD FOUNDATION
CRAWLSPACE	INSULATED CONCRETE FORM
PIERS	
OTHER: _____	

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
---------------------------	---------------

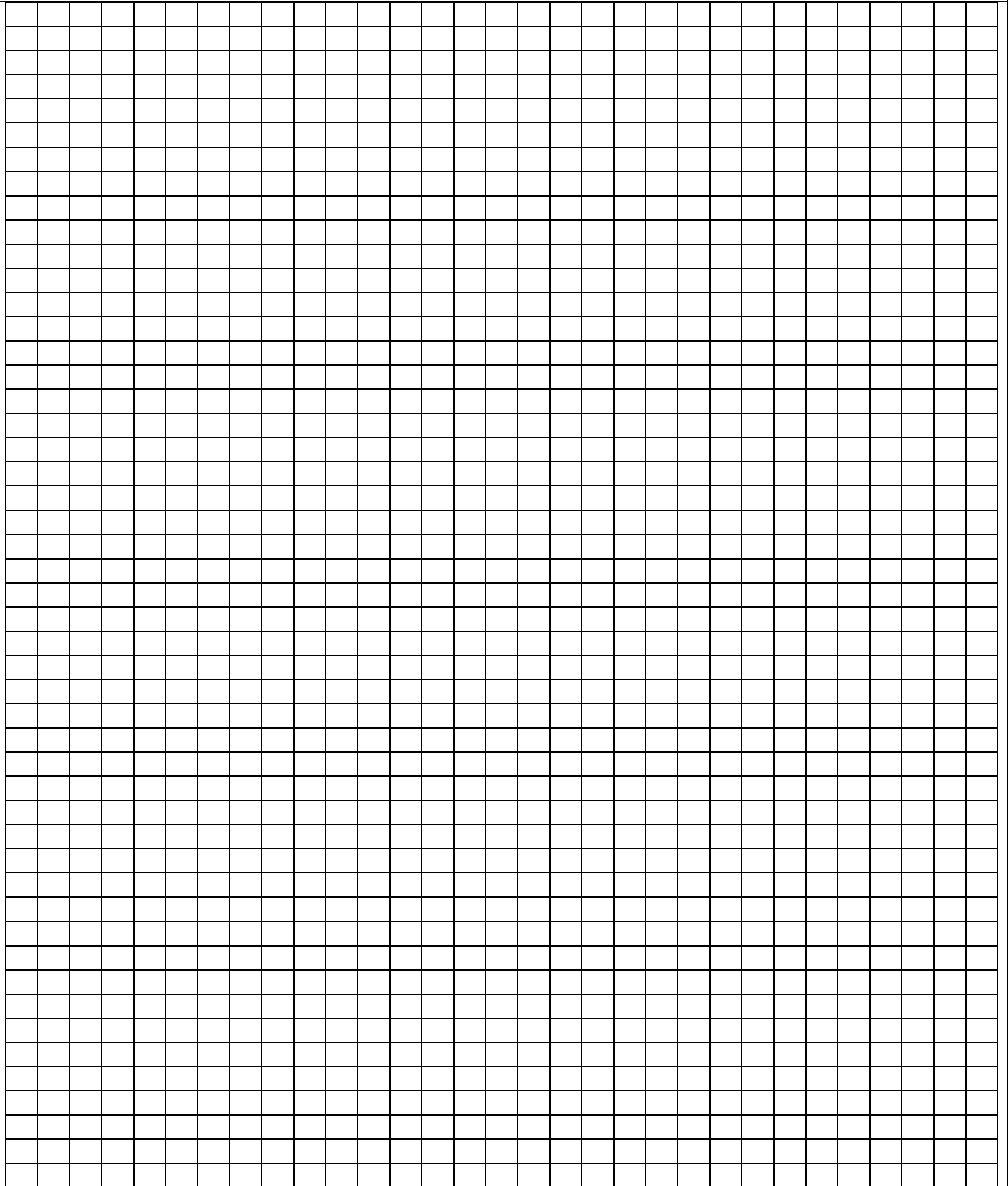
TYPE OF WATER SUPPLY:

PUBLIC OR PRIVATE COMPANY	PRIVATE WELL OR CISTERN
---------------------------	-------------------------

TYPE OF MECHANICAL:

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

[] SITE OR PLOT PLAN – For Applicant Use



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

