



## BUILDING PERMIT APPLICATION

Michigan Building Codes 2015

PERMIT FEE: \$ \_\_\_\_\_

PERMIT #: \_\_\_\_\_

\*Payable to: CHARTER TWP OF ALPENA

PLAN REVIEW REQUIRED:      NO              YES Permit #: \_\_\_\_\_

### [ ] PERMIT INFORMATION REQUIRED

#### LOCATION OF STRUCTURE:

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

BETWEEN CROSSROADS: \_\_\_\_\_

PROPERTY TAX ID #: \_\_\_\_\_ ZONED: \_\_\_\_\_

### [ ] PROPERTY OWNER IDENTIFICATION

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

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

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

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### [ ] CONTRACTOR IDENTIFICATION

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

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

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

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

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUILDER'S LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

WORKER'S COMP INSURANCE CARRIER OR  
REASON FOR EXEMPTION: \_\_\_\_\_

MESC EMPLOYER NUMBER OR  
REASON FOR EXEMPTION: \_\_\_\_\_

**[ ] ARCHITECT OR ENGINEER *if applicable***

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

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

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

PHONE: (\_\_\_\_) \_\_\_\_\_ # Street/Road City State Zip  
CELL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

**[ ] TYPE OF IMPROVEMENT**

- |                                       |  |   |                                      |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> DEMOLITION      | <input type="checkbox"/> POOL                   | <input type="checkbox"/> ROOF        |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> MOBILE HOME     | <input type="checkbox"/> PORCH                  | <input type="checkbox"/> DECK        |
| <input type="checkbox"/> REMODEL      | <input type="checkbox"/> MODULAR         | <input type="checkbox"/> WINDOWS # _____        | <input type="checkbox"/> SIDING      |
| <input type="checkbox"/> RELOCATION   | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> EXTERIOR DOORS # _____ | <input type="checkbox"/> OTHER _____ |

**[ ] PROPOSED USE OF BUILDING**

**RESIDENTIAL:**

- |  |   |
|--|---|
| <input type="checkbox"/> ONE FAMILY                            | <input type="checkbox"/> ATTACHED GARAGE: _____ x _____ |
| <input type="checkbox"/> TWO OR MORE FAMILY - # OF UNITS _____ | <input type="checkbox"/> POLE BUILDING: _____ x _____   |
| <input type="checkbox"/> HOTEL/MOTEL - # OF UNITS _____        | <input type="checkbox"/> DETACHED GARAGE: _____ x _____ |
| <input type="checkbox"/> OTHER _____                           |   |

**NON-RESIDENTIAL:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CHURCH-RELIGION        | <input type="checkbox"/> OFFICE/BANK/PROFESSIONAL | <input type="checkbox"/> TOWERS           |
| <input type="checkbox"/> INDUSTRIAL             | <input type="checkbox"/> PUBLIC UTILITY           | <input type="checkbox"/> STORE/MERCANTILE |
| <input type="checkbox"/> HOSPITAL/INSTITUTIONAL | <input type="checkbox"/> OTHER _____              |   |

Detailed description for proposed use of non-residential building:

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

**[ ] SELECTED CHARACTERISTICS OF BUILDING**

**PRINCIPAL TYPE OF FOUNDATION:**

- |   |  |
|---|--|
| <input type="checkbox"/> BASEMENT: UN-FINISHED ( ) FINISHED ( ) | <input type="checkbox"/> POURED CONCRETE           |
| <input type="checkbox"/> PIERS                                  | <input type="checkbox"/> BLOCK                     |
| <input type="checkbox"/> CRAWLSPACE                             | <input type="checkbox"/> PERMANENT WOOD FOUNDATION |
| <input type="checkbox"/> INSULATED CONCRETE FORM                | <input type="checkbox"/> OTHER: _____              |

**PRINCIPAL TYPE OF FRAME:**

- |  |                                     |   |  |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> MASONRY, WALL BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> REINFORCED CONCRETE |
| <input type="checkbox"/> OTHER: _____          |                                     |   |  |

**PRINCIPAL TYPE OF HEATING FUEL:**

- |                              |                              |                                      |                               |                                       |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> OIL | <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> WOOD | <input type="checkbox"/> OTHER: _____ |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|---------------------------------------|

**SEWAGE DISPOSAL TYPE:**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> SEPTIC SYSTEM PERMIT # _____ |
|---------------------------------|---|

**WATER SUPPLY TYPE:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> PRIVATE WELL PERMIT # _____ |
|---------------------------------|--|

ALPENA COUNTY SOIL EROSION PERMIT #: \_\_\_\_\_

**DIMENSIONS DATA**

	<b>FLOOR AREA</b>	<b>EXISTING</b>	<b>ALTERATIONS</b>	<b>NEW</b>
NUMBER OF STORIES: _____	BASEMENT: _____	_____	_____	_____
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**

**[ ] DEMOLITIONS**

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

*\*LAND FILL RECEIPTS MUST BE SUBMITTED BEFORE PERMIT WILL BE FINALED.*

**[ ] RESPONSIBILITY****APPLICANT IS RESPONSIBLE FOR:**

- SUBMITTING **ALL REQUIREMENTS** – including compliance worksheet for MI Energy Code 2015
- **PAYMENT** OF ALL FEES
- CALLING FOR **ALL INSPECTIONS, INCLUDING FINAL OCCUPANCY**
- OBTAINING **ANY OTHER PERMITS** THAT MAY BE NEEDED (Example: **DEQ, Army Corp, Driveway**, etc.)
- PURCHASING A KEYED LOCK BOX SYSTEM FOR **NEW COMMERCIAL BUILDINGS** THROUGH THE CHARTER TWP OF ALPENA SOUTHSIDE FIRE DEPT AT (989) 354-2616, 2201 US 23 S, ALPENA, MI 49707.

**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/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.**

**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.**

\_\_\_\_\_  
**Owner's Signature (Required)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Applicant/Contractor/Agent Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Building Official Approved**

\_\_\_\_\_  
**Date**

INDICATE DIRECTION OF NORTH IN CIRCLE:

