

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

B 2006 B

City of Algonac
805 St. Clair River Dr
P.O. Box 454
Algonac, MI 48001
(810) 794-9361 FAX: (810) 794-4804
www.algonac-mi.gov

Applicant to Complete All items in Sections I, II, III, IV, V and VI
 Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. PROJECT INFORMATION			
PROJECT NAME		ADDRESS	
NAME OF CITY, ALGONAC		COUNTY ST CLAIR	ZIP CODE 48001
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
C. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING 3. <input type="checkbox"/> ALTERATION 5. <input type="checkbox"/> DEMOLITION 7. <input type="checkbox"/> FOUNDATION ONLY 9. <input type="checkbox"/> RELOCATION 2. <input type="checkbox"/> ADDITION 4. <input type="checkbox"/> REPAIR 6. <input type="checkbox"/> PRE MANUFACTURE 8. <input type="checkbox"/> SPECIAL INSPECTION			
B. PLAN REVIEW REQUIRED			
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.			
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer license pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.			
Plan review Submission No. _____			

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|---|---------------------------------------|--------------------|
| 1. ONE FAMILY | 3. HOTEL, MOTEL
NO. OF UNITS _____ | 5. DETACHED GARAGE |
| 2. TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. ATTACHED GARAGE | 6. OTHER _____ |

DESCRIBE PROPOSED WORK:

B. NON-RESIDENTIAL

- | | | |
|---------------------|--------------------------------|----------------------------------|
| 7. AMUSEMENT | 11. SERVICE STATION | 15. SCHOOL, LIBRARY, EDUCATIONAL |
| 8. CHURCH, RELIGION | 12. HOSPITAL, INSTITUTIONAL | 16. STORE, MERCANTILE |
| 9. INDUSTRIAL | 13. OFFICE, BANK, PROFESSIONAL | 17. TANKS, TOWERS |
| 10. PARKING GARAGE | 14. PUBLIC UTILITY | 18. OTHER |

NONRESIDENTIAL-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 FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER _____

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER _____

C. TYPE OF MECHANICAL

11. WILL THERE BE AIR CONDITIONING? YES NO 12. WILL THERE BE FIRE SUPPRESSION? YES NO

D. DIMENSIONS/DATA

- | | | | | |
|-----------------------|-------|---|-------------|-------|
| 13. NUMBER OF STORIES | _____ | EXISTING | ALTERATIONS | NEW |
| 14. USE GROUP | _____ | 17. FLOOR AREA: | | |
| 15. CONSTRUCTION TYPE | _____ | BASEMENT | _____ | _____ |
| 16. NO. OF OCCUPANTS | _____ | 1 ST & 2 ND FLOOR | _____ | _____ |
| | | TOTAL AREA | _____ | _____ |

E. NUMBER OF OFF STREET PARKING SPACES

18. ENCLOSED _____ 19. 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 NUMBER (Include Area Code)		
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			COST OF CONSTRUCTION \$ _____		

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 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.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125, 1523 A, 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.

SIGNATURE OF APPLICANT

VII. FOR DEPARTMENT USE ONLY

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	YES NO				
B - SOIL EROSION	YES NO				
C - NOISE CONTROL	YES NO				
D - VARIANCE GRANTED	YES NO				
E - OTHER	YES NO				

USE GROUP _____ BASE FEE _____
 TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____
 SQUARE FEET _____

APPROVAL SIGNATURE

TITLE	DATE
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TWO SETS OF PLANS MUST BE SUBMITTED WITH EACH APPLICATION
 (One to be returned to permit applicant)

The following information is required:

- Site Plan _____
- Cross Section _____
- Elevations _____
- Floor Plan _____
- Property survey _____
- Proof of Ownership _____
- Grading and Drainage _____
- Soil Erosion _____

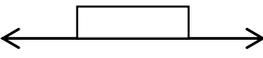
- All Permits
- New Home/Addition/Garage/Shed
- New Home/Addition/Garage/Shed
- New Home/Addition
- New Home/Addition
- New Home/Addition
- New Home/Addition
- New Home/Addition/Garage/Shed

A \$50.00 fine will be added to the permit cost for work started prior to the issuance of a permit

Building Site Plan

City of Algonac

Address _____

All dimensions in all boxes  to be filled in by feet and inches.

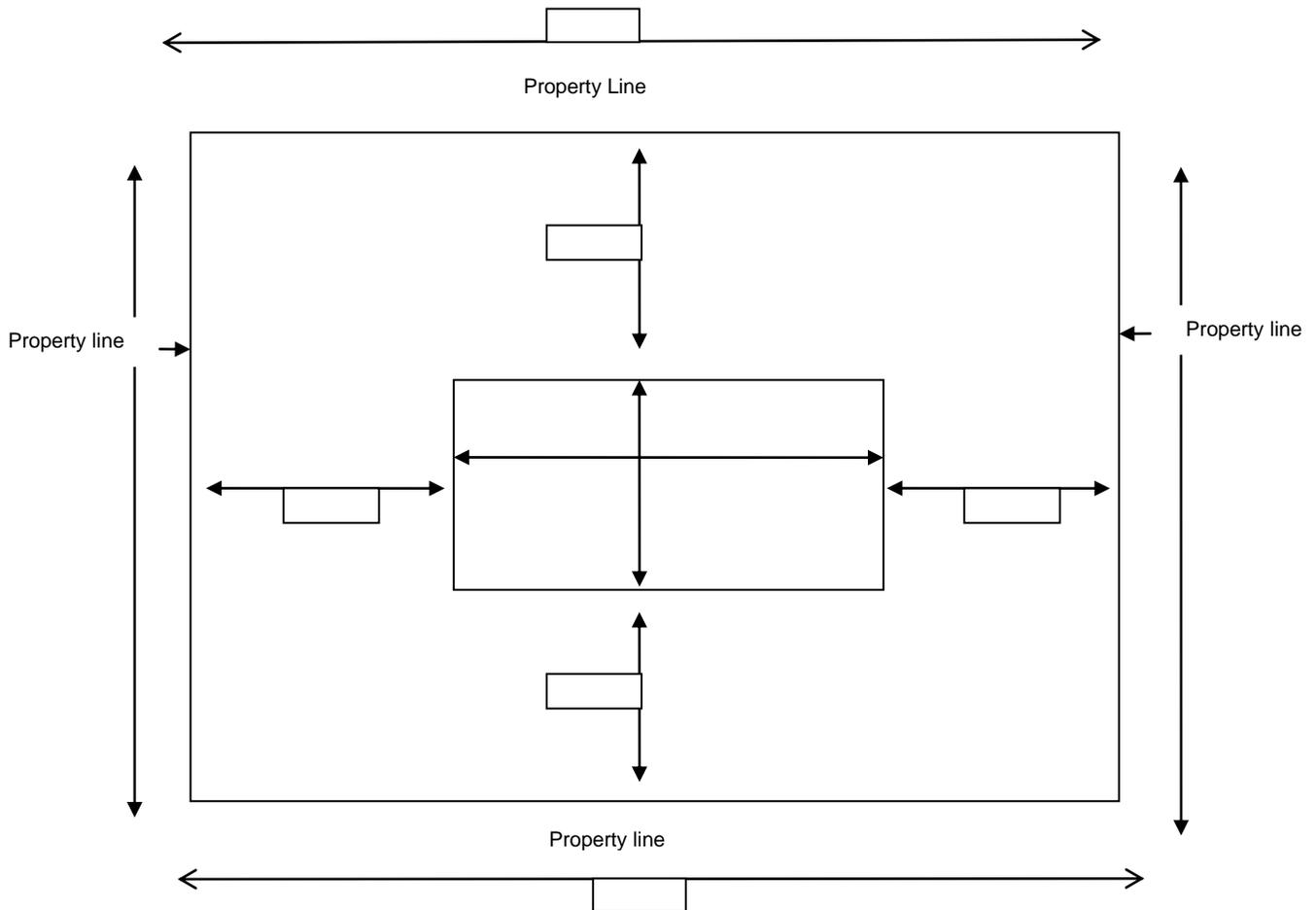
Draw in all accessory structures (Garages, Sheds, Swim Pools, Etc.)

Show length and width of each structure.

Show distance from each structure to each lot line.

Show distance between each structure and the house.

Draw in proposed structure - Show length, width, height, distance from lot lines and house.



Signature _____ Date _____

Remarks _____