

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION



Iron County Construction Code

And Appeals Board
2 South Sixth Street, Suite 14
Crystal Falls, MI 49920
(906) 875-3102

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, VI
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION
FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

I. LOCATION OF BUILDING					
ADDRESS					The TAX CODE Number is Mandatory TAX CODE #
CITY	TOWNSHIP	TOWNSHIP _____ N	RANGE _____ W	SECTION _____	
BETWEEN		AND		STREET	
II. IDENTIFICATION					
A. OWNER OR LESSEE					
NAME				TELEPHONE NO.	
ADDRESS		CITY	STATE	ZIP CODE	
B. ARCHITECT OR ENGINEER					
NAME				TELEPHONE NO.	
ADDRESS		CITY	STATE	ZIP CODE	
LICENSE NUMBER			EXPIRATION DATE		
C. CONTRACTOR					
NAME				TELEPHONE NO.	
ADDRESS		CITY	STATE	ZIP 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					
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> PREMANUFACTURE	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STATE	<input type="checkbox"/> HUD
B. REVIEW(S) TO BE PERFORMED					
<i>Please Note: Plumbing, Mechanical and Electrical need separate permits.</i>					
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL		
C. ESTIMATED COST OF CONSTRUCTION \$					

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> HOTEL, MOTEL	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> OTHER
<input type="checkbox"/> TWO OR MORE FAMILY _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> ADDITION _____	_____

B. NON-RESIDENTIAL - USE GROUPS

<input type="checkbox"/> ASSEMBLY <input type="checkbox"/> BUSINESS <input type="checkbox"/> FACTORY & INDUSTRIAL <input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> MERCANTILE <input type="checkbox"/> LOW HAZARD STORAGE	<input type="checkbox"/> MODERATE HAZARD STORAGE <input type="checkbox"/> UTILITY OR MISCELLANEOUS <input type="checkbox"/> MIXED USE - NON-SEPARATED <input type="checkbox"/> MIXED USE - SEPARATED
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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. CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING
 WOOD FRAME
 STRUCTURAL STEEL
 REINFORCED CONCRETE
 OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

GAS
 OIL
 ELECTRICITY
 COAL
 OTHER

C. TYPE OF SEWAGE DISPOSAL

PUBLIC
 PRIVATE
 NONE

D. TYPE OF WATER SUPPLY

PUBLIC
 PRIVATE
 NONE

E. TYPE OF MECHANICAL

WILL THERE BE? HEATING AIR CONDITIONING ELEVATOR

E. ELECTRICAL

YES NO

E. DIMENSIONS

NUMBER OF STORIES _____	WHAT WILL BASEMENT BE USED AS? <input type="checkbox"/> RECREATION <input type="checkbox"/> UTILITY <input type="checkbox"/> SLEEPING <input type="checkbox"/> BATHROOM <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER	FLOOR AREA: BASEMENT FLOOR _____ 1 ST & 2 ND FLOOR _____ 3 RD - 10 TH FLOOR _____ DECKS & PORCHES _____ GARAGE _____ TOTAL AREA _____
H. CHARACTERISTICS OF BUILDING SITE		
ARE YOU WITHIN 500' OF A LAKE OR STREAM <input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL LAND AREA BEING DISTURBED, INCLUDING LAWN, DRIVEWAY, AND ALL OTHER CLEARED AREAS _____		

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		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

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 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, 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.

SIGNATURE OF APPLICANT	DATE
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VII. TO BE COMPLETED BY THE APPROPRIATE AGENCIES

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A-ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B-DRAINAGE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C-WELL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D-SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E-SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F-FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G-AIRPORT ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP

TYPE OF CONSTRUCTION

SQUARE FEET

BUILDING PERMIT NUMBER	ISSUE DATE
PERMIT FEE	RECEIPT #
PLAN REVIEW FEE	APPROVAL SIGNATURE
AIRPORT ZONING FEE	TITLE
	DATE SIGNED: