



City of Mt. Pleasant
Department of Building Safety
320 W. Broadway
(989) 779-5347

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY	
Date:	_____
Fee:	_____
Use:	_____ Zone: _____
Occupancy Group:	_____
Const. Type:	_____
Occupant Load:	_____
DPW approval:	_____
Fire approval:	_____
Fire Alarm/Sprinkler:	_____
PC or ZBA:	_____
Approved By:	_____

TOTAL COST OF PROJECT: \$ _____

I. PROJECT LOCATION		
Street address:	Business name:	Is the property a rental unit?
Lot dimensions:	Subdivision:	Lot number:
Is the property located in a flood plain?	Is the property located in a wetland?	

II. APPLICANT			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	E-mail:	

III. OWNER			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	E-mail:	

IV. CONTRACTOR			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
Builder's License Number:	License Expiration Date:		
Federal Employee ID Number or Reason for Exemption:			
Workers Compensation Insurance Carrier or Reason for Exemption:			
MESCC Employee Number or Reason for Exemption:			
Liability Insurance Carrier:	Expiration Date:		

V. ARCHITECT OR ENGINEER			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
State License #:	License Expiration Date:		

VI. PROJECT DESCRIPTION		
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR/ALTERATION	<input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> MOBILE HOME SETUP <input type="checkbox"/> OTHER (Describe)

VII. RESIDENTIAL BUILDINGS REGULATED UNDER THE MICHIGAN RESIDENTIAL CODE				
<input type="checkbox"/> One Family *	<input type="checkbox"/> Two Family *	<input type="checkbox"/> Townhouse *	<input type="checkbox"/> Accessory Bldg *	<input type="checkbox"/> Other (roof, window, decks, pool)

**Two sets of construction drawings to be provided along with the application*

VIII. REROOF							
Strip Roof	Y	N	Replace Sheathing	Y	N	Square Feet Covered:	
Underlayment	Y	N	Ice & Water	Y	N	Roofing Materials:	Proposed Ventilation:

I understand that I may not reroof over more than one (1) existing layer of roof material and agree to comply with building codes and manufacturers requirements related to this roof project.

***Signature:** _____ **Print Name:** _____

**Signature also required under section XV.*

IX. WINDOW REPLACEMENT				
The following items will be required to determine compliance with Table 154.405.A of the zoning ordinance governing all window installation within each Character District. In addition, properties added to the housing and licensing program may be required to bring the sleeping rooms into compliance with the emergency escape requirements. Question regarding rental properties shall be directed to the Department of Fire Safety who administers the rental program at 989-779-5101.				
# OF WINDOWS:	WINDOW TYPE: Double hung Casement Other	MATERIAL: Wood sash Vinyl sash Other	INSTALLATION: New construction Replacement Egress	For windows in a façade (street-facing wall) where window size or location will change, please provide the following: Proposed window size(s): Existing total façade glazing (window area): Proposed total façade glazing: Proposed sill height above grade (if changing):

X. DECK (Deck drawing and building and lot plan required)			
Will deck be attached to house or other structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, flashing detail and fastening to be shown on drawing.	
FOOTING INFORMATION	POST INFORMATION	FLOOR SYSTEM	GUARDS & HANDRAILS
Depth Below Grade "	Post Size	Rim Joist 2" by	Ht. of Deck surface above grade "
Type (masonry & concrete)	Spacing: o.c.	Floor Joist 2" by	Guardrail to be installed Y N
Size (Square of Circle) "	Post height to deck "	Joist Spacing o.c.	Guardrail Type (metal, wood, NA)
Spacing o.c.		Decking Type	Guard height above finish floor "
All concrete shall be mixed and placed.	All cuts below grade shall be treated	Fastener Type HDG or Stainless	Number of risers on Stairs
* Where the project will incorporate pre-cut stringers for the stair construction, please discuss with inspector prior to installation to ensure compliance with the code.			

XI. POOLS (Building and Lot Plan Required) <input type="checkbox"/> In-Ground <input type="checkbox"/> Above Ground		
Dimensions of Pool:	Capacity (gallons):	Height above ground:
*Describe pool barrier:		
*Pool areas shall be provided with an approved barrier/fence in accordance with the City Code & Appendix G of the 2015 MRC		

XII. BUILDING REGULATED UNDER THE MICHIGAN BUILDING CODE (Commercial, Industrial and Multi-Family)	
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.) <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.) <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.) <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.) <input type="checkbox"/> (B) BUSINESS <input type="checkbox"/> (E) EDUCATION <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD) <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD) <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION) <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION) <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION) <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM) <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED) <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.) <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.) <input type="checkbox"/> (M) MERCANTILE <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS) <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE) <input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE) <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD) <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD) <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)

XIII. TYPE OF CONSTRUCTION	
<input type="checkbox"/> 1A - Non Combustible (Protected Structural Elements) 3HR <input type="checkbox"/> 1B - Non Combustible (Rated Structural Elements) 2HR <input type="checkbox"/> 2A - Non Combustible (Rated Structural Elements) 1HR <input type="checkbox"/> 2B - Non Combustible (Non Rated Structural Elements) <input type="checkbox"/> 3A - Non Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B - Non Combustible (Bearing Walls Rated) <input type="checkbox"/> 4 - Heavy Timber <input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR <input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

*Three sets of construction drawings shall be provided with all application for projects constructed under the MBC. All requirements listed under

XIV. OTHER APPROVAL	REQUIRED	APPROVAL
Site Plan/SUP/Zoning		
Dept. of Fire Safety		
Variance Granted		
Soil Erosion		
Flood Zone		
Water Supply		
Sewer (Sanitary & Storm)		
Other		

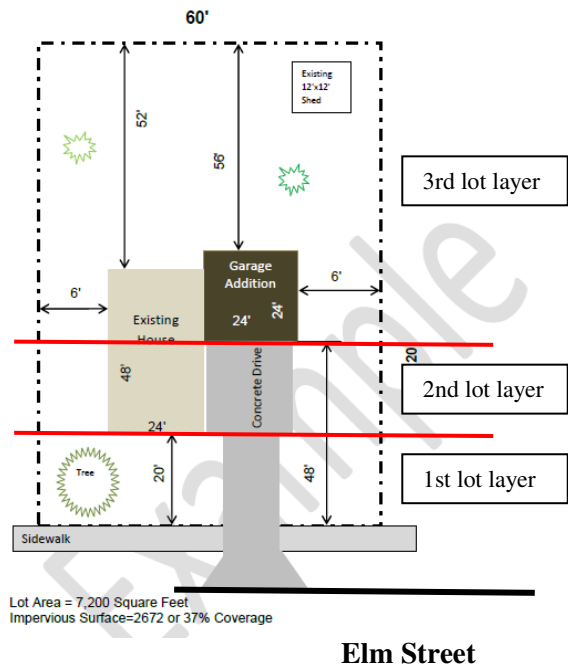
XV. SIGNATURE
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.
SIGNATURE OF OWNER (When owner is doing their own work)
SIGNATURE OF OWNER'S AGENT
TYPE OR PRINT
DATE
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 relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

XVI. BUILDING AND LOT PLAN - NEW BUILDINGS or ADDITIONS

(All projects except single family homes subject to review and approval before the Planning Commission)

Please provide the following for all new buildings, additions, decks or note "See Attachment"

- a) Provide lot width dimensions and lot area
- b) Indicate all lot layers
- c) Show the Frontage Build out (154.408A)
- d) Show all accessory buildings with dimensions
- e) Provide setbacks to property line for all buildings
- f) Show all encroachments
- g) Indicate building type (House, Duplex, Townhouse, etc.)
- h)
- i) Indicate the overall building height
- j) Indicate private frontage and facade elements
- k) Indicate building roof type & pitch
- l) Show principle uses and accessory uses
- m) Indicate vehicle parking areas and driveways
- n) Draw location of proposed construction
- o) Indicate the distance to property lines
- p) Calculate amount of impervious surface



Elevation drawings shall accompany the site plan to illustrate items c, h, and j

Impervious Surface - Buildings, Concrete, Asphalt Paving, Hard Gravel Surface