



**City of Mt. Pleasant  
Department of Building Safety  
320 W. Broadway  
(989) 779-5302**

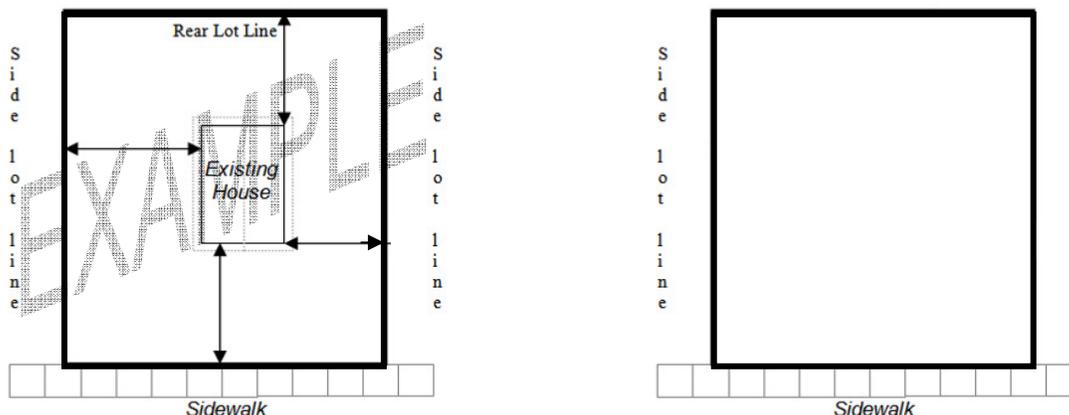
# BUILDING PERMIT APPLICATION

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

**ESTIMATED COST OF PROJECT: \$** \_\_\_\_\_

<b>I. PROJECT LOCATION</b>			
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?	
<b>II. OWNER INFORMATION</b>			
Owner Name:	Phone:	Mobile:	Fax:
Owner Address:	City/State/Zip:	E-mail Address:	
<b>III. CONTRACTOR INFORMATION</b>			
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:			
MESC Employee Number or Reason for Exemption:			
Liability Insurance Carrier:		Expiration Date:	
<b>IV. ARCHITECT OR ENGINEER</b>			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
State License #:	License Expiration Date:		
<b>V. APPLICANT</b>			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
<b>VI. REROOF</b>			
Strip Roof? <input type="checkbox"/> Y <input type="checkbox"/> N	Replace Sheathing? <input type="checkbox"/> Y <input type="checkbox"/> N	Square Feet Covered:	
Underlayment :	Proposed Ventilation:	Type of Shingles	
I affirm that Ice & Water Shield will be installed in accordance with the MBC or the MRC on all heated structures. I understand that I may not reroof over more than one (1) existing layer and affirm that all roofing materials will be installed per manufacturer's specifications.			
<b>Signature:</b>		<b>Print Name:</b>	
<b>VII. DECK (Site Plan Required)</b>			
Will deck be attached to house or other structure?		If so, provide flashing detail:	
Deck Top materials: Floor / Sheathing / Decking			
Size of posts:	Spacing of posts:	Size of posts:	Girder:
Rim Joist Size:	Floor Joist Size:	Floor Joist Spacing:	Floor Joist Span:
Distance from finished floor to grade (ground level):		Footing Size:	Depth of Footings:
<b>VIII. POOLS (With depth of 24" or more) (Site Plan Required)</b> <input type="checkbox"/> <b>In-Ground</b> <input type="checkbox"/> <b>Above Ground</b>			
Dimensions of Pool:	Capacity (gallons):	Height above Ground:	
Describe Pool Barrier:			
*Pool area shall be provided with an approved 4 foot fence in compliance with the Zoning Ordinance and Appendix G of the 2015 MI Residential Code			
<b>IX. PROJECT DESCRIPTION Please fill in or check the appropriate spaces below:</b>			
<b>RESIDENTIAL</b> <input type="checkbox"/>	<b>COMMERCIAL</b> <input type="checkbox"/>	<b>INDUSTRIAL</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>
<b>Use Group:</b>	<i>MBC Chapter 3</i>	<b>Type of Construction:</b>	<i>MBC-Chapter 5</i>
<b>Occupant Load:</b>	<i>MBC Chapter 10</i>	<b>Design Loads:</b>	<i>MBC-Chapter 16</i>
<b>Description of Project:</b>			

<b>Foundations:</b>					
Poured Walls	"	Wood Foundation	H.C. Block	"	Ft. Foundation Wall Height: "
Ftgs:	" x "	" Below Finished Grade	No. Post Footings:		Size of Post Footings: " x " x "
<b>Exterior</b>					
Wood		Aluminum/Vinyl	Brick		Other
<b>Windows:</b> <i>Properties added to the housing licensing program may be required to bring the windows in sleeping rooms into compliance with the emergency egress provisions - Contact the Department of Fire Safety with any questions 989-779-5101.</i>					
# of windows		Wood Sash	Metal Sash	Type	Egress/Bedrooms/Finished basement
<b>Roofs</b>					
Hip		Gable	Front Overhang	"	Other overhang " Eaves trough
<b>Rough-In Framing</b>					
Ceil. Joists	"O.C.	Rafters	"O.C.	Truss (diagram req.)	Floor Sheathing " Wall Sheathing "
Sill Plate		Wall Plates		Headers	Wood Girder Steel Girder
Posts	"O.C.	Stud Wall		Floor Joists	" O.C. Roof Sheathing "
<b>VIII. SITE PLAN - NEW BUILDINGS or ADDITIONS for Residential Projects</b> <i>(All Commercial Projects Subject to review and approval before the Planning Commission)</i>					
Please provide the following for all new buildings, additions, attached decks or note "See Attachment"					
a. Provide the property dimensions		b. Indicate all buildings on the property		c. Draw location of proposed construction	
d. Indicate the distance to property lines		e. Provide the building dimensions		f. Indicate roof overhangs	
g. Indicated location of parking		h. Indicate the location of driveways		i. Distance to building on adjacent property if less than 12 feet.	



Approval may not be granted for a building permit for work requiring permits/approval by the Department of Public Works or the Department of Fire Safety. Verification of these permits shall be provided to the Department with the Building Permit Application. **Department of Fire Safety (989) 779-5122 \* Department of Public Works (989) 779-5101**

All work involving new construction, including additions, decks and renovations to existing structures, will require a minimum of 2 sets of construction plans for all residential projects and 4 sets of plans sealed and signed by a Registered Design professional shall be required for all other construction work at the time of application.

Separate permits shall be required for all Plumbing, Electrical and Mechanical work. Applications for these permits shall be filed with the Isabella County Permits Department located at 200 North Main Street. Phone (989) 772-0911, Ext. 227.

Projects within 500 feet of a water body or that disturb more than an acre of land shall secure a Soil Erosion Permit from the Isabella County Drain Commissioner prior to the earth change. Phone (989) 772-0911, ext. 247.

Projects located in a floodplain or a wetland are subject to approval from the Department of Environmental Quality. Phone Floodplain Management (517) 335-3448

Projects required to install a building sprinkler system and/or a building fire alarm system shall be subject to review and approval through the Department of Fire Safety prior to any work on the system. Phone 989-779-5122 for questions on making application for this review.

I have read this application and hereby certify it to be correct, and I agree to comply with all laws and ordinances governing the proposed work, to secure all necessary permits, to pay any fees and assessments that pertain, and that if I am not the owner of record, the proposed work has been authorized by such owner and I have been authorized to act as his/her Agent for the proposed work. I also agree the structure will not be occupied or used until authorized by the Department of Building Safety.

Section 23a of the state construction codes 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

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Signature of Owner/Agent (Required for Issuance)                      Signature of Applicant                      Date