

APPLICATION FOR BUILDING PERMIT

Michigan Building Codes 2015

CHARTER TOWNSHIP OF ALPENA

Building Department

4385 US 23 North, Alpena, MI 49707

(989) 356-0297, ext. 4 ~ Fax (989) 356-9540

www.alpenatownship.com

PERMIT FEE: \$ _____

PLAN REVIEW FEE: \$ _____

PERMIT NO: _____

TOTAL FEES: \$ _____ * Payable to: **CHARTER TWP OF ALPENA**

PERMIT INFORMATION REQUIRED – AS PER PUBLIC ACTS – 230 OF 1972 AND 135 OF 1989

[] LOCATION OF STRUCTURE:

ADDRESS: _____

BETWEEN CROSSROADS: _____

PROPERTY TAX I.D. # _____ ZONED: _____

[] PROPERTY OWNER IDENTIFICATION:

NAME OF OWNER/LESSEE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____

EMAIL: _____

[] CONTRACTOR IDENTIFICATION: ALL ITEMS MUST BE COMPLETED TO OBTAIN PERMIT

NAME OF BUSINESS: _____

NAME OF CONTRACTOR: _____

PHONE: (____) _____ CELL: (____) _____ FAX: (____) _____

EMAIL: _____

ADDRESS: _____
Street/Road City State Zip

BUILDER'S LICENSE NUMBER: _____ 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) Registration Act of 1937, as amended.

NAME OF ARCHITECT OR ENGINEER: _____

FIRM NAME: _____

ADDRESS: _____

PHONE: (____) _____ # Street/Road City State Zip
CELL: (____) _____ FAX: (____) _____

EMAIL: _____

LICENSE NUMBER: _____ EXPIRATION DATE: _____

[] TYPE OF CONSTRUCTION:

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

[] PROPOSED USE OF BUILDING

RESIDENTIAL:

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

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"/> OTHER: _____ |
| <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> STORE, MERCANTILE | |

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 | <input type="checkbox"/> 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:

- GAS OIL ELECTRICITY WOOD OTHER: _____

SEWAGE DISPOSAL TYPE:

- PUBLIC SEPTIC SYSTEM: # _____

WATER SUPPLY TYPE:

- PUBLIC PRIVATE WELL: # _____

ALPENA COUNTY SOIL EROSION PERMIT #: _____

DIMENSIONS DATA:

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES: _____	BASEMENT:	_____	_____	_____
USE GROUP: _____	1 ST FLOOR:	_____	_____	_____
CONST. TYPE: _____	2 ND & 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 PROJECT IS FINALIZED.

RESPONSIBILITY:

APPLICANT IS RESPONSIBLE FOR:

- 1.) SUBMITTING ALL REQUIREMENTS – including compliance worksheet for MI Energy Code 2015
- 2.) PAYMENT OF ALL FEES
- 3.) CALLING FOR ALL INSPECTIONS, INCLUDING FINAL INSPECTION, BEFORE OCCUPANCY
- 4.) OBTAINING ANY OTHER PERMITS THAT MAY BE NEEDED (Example: Army Corp, Driveway, EGLE etc.)
- 5.) IF A NEW COMMERCIAL BUILDING, PURCHASING A KEYED LOCK BOX SYSTEM 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

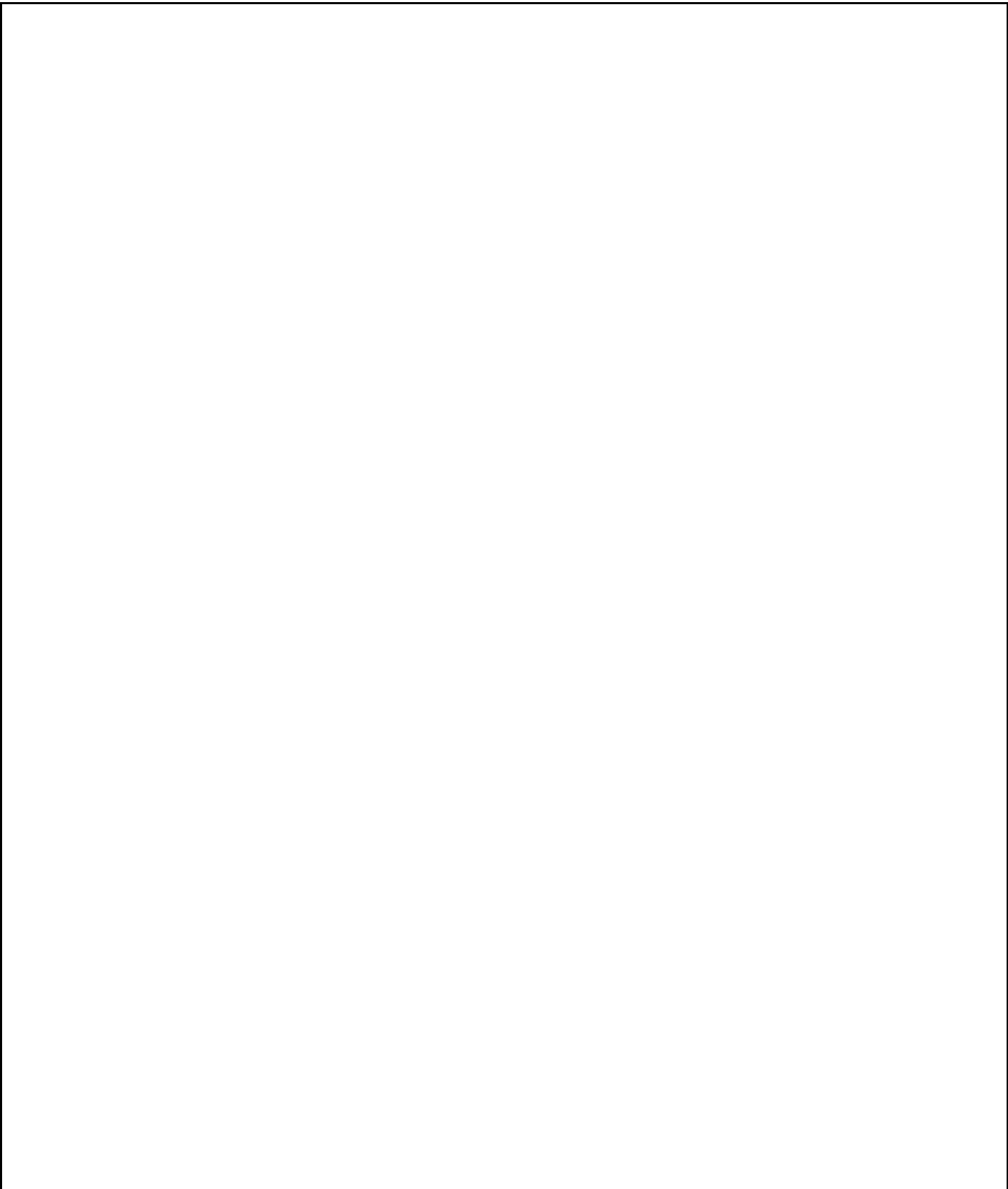
Applicant/Contractor/Agent Signature

Print Name

Date Signed

Building Official Approved

Date



INDICATE DIRECTION OF NORTH IN CIRCLE:

