

SCMCCI

South Central Michigan Construction Code Inspection, Inc.
 113 S. Capitol Ave., PO Box 509, Athens MI 49011
 Ph: 269-729-5355 or Toll free: 1-888-249-7077 Fx: 269-729-5359

AUTHORITY: PA 230 of 1972, as amended
COMPLETION: Mandatory to obtain permit
PENALTY: Permit can not be issued

Commercial Building Permit Application

Inspection Scheduling: 1-877-223-2292

Office Hours 7:30am to 4:00pm M-F
 Closed 12:00-1:00pm for lunch

Date: _____
 Permit: _____
 Amount: _____
 Method of Payment: _____
 Receipt#: _____

1. CONSTRUCTION LOCATION

Job Address:		Property Code#	
City/Village	Township	County	Zip Code
Between	And		

2. PROPERTY OWNER OR LESSEE:

Name	Address:		City
State, Zip Code	Telephone	Email	Fax

3. CONTRACTOR INFORMATION

Name of Contractor		Address		City
State, Zip Code	Telephone	Email	Fax	
License#	Expiration Date	Federal ID#	Workers Comp	MESC Employer #

4. ARCHITECT OR ENGINEER INFORMATION (when applicable)

Name	Address		City
State, Zip Code	Telephone	Email	Fax

5. I AM SUBMITTING 3 SETS OF PROJECT PLANS ALONG WITH A SITE PLAN FOR PLAN REVIEW ONLY AT THIS TIME. I REALIZE FURTHER DOCUMENTATIONS MAY BE REQUIRED.

6. PLEASE CHECK THE FOLLOWING REQUIRED DOCUMENTS THAT ARE BEING SUBMITTED WITH THIS APPLICATION (when applicable)

<input type="checkbox"/> Zoning Approval	<input type="checkbox"/> 3 sets of Prints	<input type="checkbox"/> Soil Erosion Permit
<input type="checkbox"/> Well Permit	<input type="checkbox"/> Driveway Permit	<input type="checkbox"/> DEQ Permit
<input type="checkbox"/> Sewer Permit	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Wetlands Permit

7. TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Relocation
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Premanufacture	<input type="checkbox"/> Special Inspection

8. PROPOSED USE OF BUILDING

<input type="checkbox"/> Amusement	<input type="checkbox"/> Service Station	<input type="checkbox"/> School, Library, Educational
<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Hospital, Insutiitunal	<input type="checkbox"/> Store, Mercantile
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Tanks, Towers
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Other

DESCRIBE IN DETAIL PROPOSED USE OF BUILDING: _____

9. PLEASE ANSWER THE FOLLOWING QUESTIONS:

The foundation will be:	<input type="checkbox"/> full basement	<input type="checkbox"/> crawl space	<input type="checkbox"/> floating slab
	<input type="checkbox"/> pole	<input type="checkbox"/> piers	<input type="checkbox"/> trench
	<input type="checkbox"/> poured concrete	<input type="checkbox"/> block walls	<input type="checkbox"/> wood
The principle type of frame will be:	<input type="checkbox"/> wood	<input type="checkbox"/> post	<input type="checkbox"/> masonry
	<input type="checkbox"/> structural steel	<input type="checkbox"/> other	
The principle type of heating fuel:	<input type="checkbox"/> natural gas	<input type="checkbox"/> propane gas	<input type="checkbox"/> fuel oil
	<input type="checkbox"/> electric	<input type="checkbox"/> other	
The type of water supply is:	<input type="checkbox"/> private	<input type="checkbox"/> public	
The type of sewage disposal is:	<input type="checkbox"/> private	<input type="checkbox"/> public	
The number of bathrooms involved:	<input type="checkbox"/> full	<input type="checkbox"/> half	<input type="checkbox"/> unisex
Will this project have an elevator:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Will this project have a fire suppression system:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Will this project have air conditioning	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Will this project ha a fireplace:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If yes, what kind	<input type="checkbox"/> masonry	
		<input type="checkbox"/> premanufactured zero-clearance	
		<input type="checkbox"/> premanufactured gas burning	

10. DIMENSIONS/DATA

<input type="checkbox"/> Number of Stories	<input type="checkbox"/> Use Group	<input type="checkbox"/> Construction Type	<input type="checkbox"/> Number of Occupants
		Existing	Alterations
			New
Floor Area:	Basement:		
	1st Floor:		
	2nd Floor:		
	3rd Floor:		
	4th & Above:		
	Total Area:		

Number of off Street Parking spaces: enclosed outdoors

11. CONTRACTORS INFORMATION

	Name of Contractor	Street Address	City, State	License
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire alarm				

12. IF YOU ARE BUILDING ON OR NEAR A WATERWAY, PLEASE COMPLETE THE FOLLOWING:

My project is approximately _____ feet from a lake, river, stream or county drain. My soil erosion permit number is _____.

The bottom of the lowest horizontal structural member of this project will be approximately _____ ft. above summer lake level.

This project is in a flood hazard area; my DEQ permit number is _____. The 100 year floodplain elevation or rise at this location is _____. Determined by _____.

Since my project is in a flood plain hazard area, I understand that certain building restrictions will apply. Before construction begins, I must have a registered surveyor create an on site bench mark, upon completion and before occupancy of this project I must submit a certificate of as-built elevation from a registered land surveyor.

Signature	Date
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****THIS APPLICATION WILL NOT BE ACCEPTED IF THIS SECTION IS NOT FILLED OUT COMPLETELY****

13. APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

I here by certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to confirm 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.

Print Applicant Name (not company name)		Drivers License #	
Address	City	State, Zip	
SIGNATURE OF APPLICANT:			Phone #

14. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIROMENTAL CONTROL APPROVALS					
	Required?		Approved/By	Date	Number
A - Zoning	Yes	No	/		
B - Septic System	Yes	No	/		
C - Water Supply	Yes	No	/		
D - Driveway	Yes	No	/		
E - Soil Erosion	Yes	No	/		
F - Flood Zone	Yes	No	/		
G - Variance Granted	Yes	No	/		
H - Other	Yes	No	/		

15. VALIDATION - FOR DEPARTMENT USE ONLY

Use Group _____ Type of constr _____ Square Feet _____ No. of Insp. \$ _____ Fee enclosed

Building Official's Signature:	Date
Zoning Official's Signature (where applicable)	

Use Groups	Fees	Use Groups	Fees	PERMIT COST
A-1	\$0.62	I-3	\$0.55	Admin. Fee \$95.00
A-2, A-3 & A-4	\$0.44	M	\$0.33	
A-5	\$0.39	R-1	\$0.41	Fees x sq. ft. + \$ _____
B	\$0.40	R-2	\$0.35	
E	\$0.43	S-1, S-2 & U	\$0.21	TOTAL = \$ _____
F-1, F-2 & H	\$0.23	Remodel all groups	\$0.15	
I-1	\$0.39	Demo - all use groups	\$0.10	
I-2 & I-4	\$0.61	TOTAL SQ FT OF PROJECT _____		

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APPLICATION FOR PLANS EXAMINATION

THREE (3) SETS OF PLANS MUST BE SUBMITTED FOR REVIEW. ALL SEALED PRINTS MUST CONTAIN A PROPER COVER PAGE WITH USE GROUP, CONSTRUCTION TYPE, SQUARE FOOTAGES, OCCUPANT LOAD AND ALL OF THE ARCHITECTS/ENGINEERS INFORMATION ON IT. ALL PRINTS MUST BE PROPERLY DIMENSIONED AND ALL ROOM SPACES MUST BE IDENTIFIED FOR THEIR INTENDED USE.

PRINTS NOT IN COMPLIANCE WITH THESE REQUIREMENTS, WILL NOT BE CONSIDERED AS READY FOR THE PLAN REVIEW PROCESS. THE TEN (10) WORKING DAY PERIOD FOR COMPLETING THE PLAN REVIEW WILL NOT BEGIN UNTIL PLANS COMPLY WITH ALL REQUIREMENTS.

Office Hours: Mon. through Fri. 7:30 am to 4:00 pm (Closed for Lunch)

DATE _____ PERMIT NO: _____

AMOUNT: _____

RECEIPT NO: _____

NAME OF PROJECT _____ CHECK NO: _____

JOB ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT NAME (PLEASE PRINT) _____ () _____
PHONE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANTS SIGNATURE _____ DRIVERS LICENSE NUMBER _____

REGISTERED ARCHITECT/ENGINEER _____ () _____
PHONE

REGISTRATION NUMBER _____ () _____
FAX

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BRIEFLY DESCRIBE BELOW THE USE OF THIS PROJECT

THIS SECTION FOR OFFICE USE ONLY

**RESIDENTIAL PLANS
PLAN REVIEW FEES**

USE GROUP: _____ OCCUPANT LOAD: _____ SQ. FOOTAGE: _____ BLDG HT: _____

	<u>TOTAL</u>
ALL "HUD", "STATE OF MICH" PRE-MANUF.HOUSING (W/OUT GARAGE)	\$ <u>50.00</u>
THOSE PRE-MANF HOUSES IN MOBILE HOME PARK W/FOUNDATION PRESENT	\$ <u>35.00</u>

SWIMMING POOLS \$ 50.00

POLE BARN/GARAGE (UN-FINISHED INSIDE) 600 SQ. FT. AND UNDER	\$ <u>35.00</u>
601 SQ. FT. TO 2,500 SQ. FT.	\$ <u>70.00</u>
2,501 SQ. FT. AND OVER	\$ <u>90.00</u>

IF THESE STRUCTURES ARE FINISHED INSIDE USE CHART BELOW

600 SQ. FEET AND UNDER	\$ 35.00	\$ <u>35.00</u>
601 TO 1,000 SQ. FT.	50.00 + \$3.00/100 SQ. FT. OR PORTION OF OVER 600	
	50.00 + (_____ X 3.)	= \$ _____
	UNITS OF 100 OVER 600	
1,001 TO 3,500 SQ. FT.	70.00 + \$2.00/100 SQ.FT OR PORTION OF OVER 1,000	
	70.00 + (_____ X 2.)	= \$ _____
	UNITS OF 100 OVER 1,000	

3,501 SQ. FT. & UP OF OCCUPIABLE SPACE REQUIRES COMPLETE SET OF STRUCTURAL, ELECTRICAL, MECHANICAL AND PLUMBING PRINT SIGNED AND SEALED BY AN ARCHITECT/ENGINEER.

\$125.00 + \$1.00/100 SQ. FT. OR PORTION OF OVER 3,500		
	\$ 125.00 + (_____ X 1)	= \$ _____
	UNITS OF 100 OVER 3,500	
ELECTRICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
MECHANICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
PLUMBING PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
(ROUND OFF ALL FEES TO NEAREST \$1.00) TOTAL		= \$ _____

COMMERCIAL PLAN REVIEW FEES

USE GROUP: _____ OCCUPANT LOAD: _____ SQ. FOOTAGE: _____ BLDG. HT: _____

500 SQ. FT. AND UNDER	\$ 100.00	\$ _____
EACH ADD'L 500 SQ. FT.	\$ 10.00 X _____ SQ. FT.	= \$ _____
ELECTRICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
MECHANICAL PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
PLUMBING PLAN REVIEW 25% OF BLDG PLAN REVIEW FEE (MIN OF \$50)		= \$ _____
FIRE PROTECTION PLAN REVIEW .30 X _____ (MIN OF \$50)		= \$ _____
BARRIER FREE ACCESS PLAN REVIEW .015 X _____ (MIN OF \$50)		= \$ _____
PUBLIC SWIMMING POOL PLAN REVIEW .01 X _____ (MIN OF \$50)		= \$ _____
TOTAL		= \$ _____