



SCMCCI

South Central Michigan Construction Code Inspection, Inc.
103 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: P.A. 230 of 1972, as amended
Completion: Mandatory to obtain permit
Penalty: Permit can not be issued

Residential Building Permit Application

Inspection Scheduling: 1-877-223-2292

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

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

1. CONSTRUCTION LOCATION

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

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 DOCUMENTATION 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(plans)	<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. THE PROJECT WILL CONSIST OF: (separate permits are required for each roof structure)

<input type="checkbox"/> Stick Built Home _____ with attached garage	<input type="checkbox"/> Addition _____ Alteration/Remodel _____ Garage _____ detached _____ attached/existing bldg
<input type="checkbox"/> State of Michigan Approved Manufactured home Serial numbers (Side One) _____ (Side Two) _____	<input type="checkbox"/> Pole Building _____ Storage Bldg/utility bldg/accessory bldg
<input type="checkbox"/> _____ with attached garage Hud Approved Mobile/Doublewide, (year _____) Title serial numbers _____ HUD Certificate numbers _____	<input type="checkbox"/> Pool _____ below ground _____ above ground
<input type="checkbox"/> _____ with attached garage Deck/Porch _____ with roof structure _____ without roof structure	<input type="checkbox"/> Fire Job _____ Demolition, most recent use _____



8. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Footing type: _____ pole _____ piers _____ slab	_____ full footing _____ crawl space _____ trench	Wall type: _____ poured walls _____ block walls _____ wood construction
The principle type of frame will be: _____ wood _____ post _____ structural steel _____ other _____ masonry		
The principle type of heating fuel: _____ natural gas _____ propane gas _____ fuel oil _____ electric _____ other		
The type of water supply is: _____ private _____ public system		
The type of sewage disposal is: _____ private _____ public system		
The number of bedrooms involved: _____ # of bathrooms _____ #1/2 bathrooms _____		
Will project have Air Conditioning: _____ yes _____ no		
Will this project have a fireplace: _____ yes _____ no if yes, what kind: _____ masonry _____ zero-clearance _____ gas burning		
Will this project have a finished basement?: _____ yes _____ no		

9. STRUCTURAL ELEMENTS

This project will use: _____ truss' spaced _____" on center (provide manufacturers engineering) _____ rafters _____" x _____" spaced _____" on center _____ truss carriers (i.e. pole barns) _____" x _____" outside/ _____ inside		
Exterior walls: _____ 2"x4" spaced _____" on center _____ 2"x6" spaced _____" on center	Support Columns: _____ wood _____ x _____ spaced _____" on center _____ steel _____ diameter _____ other _____ " on center	
Floor Joints: _____ 2"x6" spaced _____" on center _____ 2"x8" spaced _____" on center _____ 2"x10" spaced _____" on center _____ 2"x12" spaced _____" on center _____ TJI's (provide manuf's engineering)		

10. DIMENSIONS OF PROJECT

		LIVING SPACE
Basement, unfinished	_____ x _____ = _____ sq. ft.	
basement, finished	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
_____ cement slab _____ crawl space	_____ x _____ = _____ sq. ft.	
Main floor	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Upper level or loft area	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Garage _____ attached _____ detached	_____ x _____ = _____ sq. ft.	
Pole building	_____ x _____ = _____ sq. ft.	
utility/accessory building	_____ x _____ = _____ sq. ft.	
Addition/Alteration/Remodel	_____ x _____ = _____ sq. ft.	_____ x _____ = _____ sq. ft.
Deck, with a roof structure	_____ x _____ = _____ sq. ft.	
without a roof structure	_____ x _____ = _____ sq. ft.	
Porch, with a roof structure	_____ x _____ = _____ sq. ft.	
without a roof structure	_____ x _____ = _____ sq. ft.	
Pool (requires electric permit/pass. mechanical)	_____ x _____ = _____ sq. ft.	
Fire job	_____ x _____ = _____ sq. ft.	
Other	_____ x _____ = _____ sq. ft.	
Demolition	_____ x _____ = _____ sq. ft.	

HEIGHT FROM GRADE LEVEL _____ FT.
(to highest point of building)

TOTAL SQ. FT. OF PROJECT _____

TOTAL LIVING AREA _____

YOUR ESTIMATED COST OF THIS PROJECT (required) \$ _____

(Should include building, mechanical, electrical, and plumbing)



11. 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

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

12. 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)

Drivers License #

Address

City

State, Zip

SIGNATURE OF APPLICANT:

Phone #

LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

REVIEWS TO BE PERFORMED:

Building _____ Electrical _____ Mechanical _____ Plumbing _____

ENVIROMENTAL CONTROL APPROVALS

	Required?		Approved/By	Date	Number
	Yes	No			
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	/		

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)

Comments:

SCMCCI

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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: _____

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

SWIMMING POOLS \$ 50.00

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

IF THESE STRUCTURES ARE FINISHED INSIDE USE CHART BELOW

600 SQ. FEET AND UNDER \$ 35.00 \$ 35.00

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 = \$ _____