

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

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
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:

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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:
	CHECK NO:

NAME OF PROJECT	
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JOB ADDRESS	CITY	STATE	ZIP
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APPLICANT NAME (PLEASE PRINT)	() PHONE
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ADDRESS	CITY	STATE	ZIP
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APPLICANTS SIGNATURE	DRIVERS LICENSE NUMBER
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REGISTERED ARCHITECT/ENGINEER	() PHONE
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REGISTRATION NUMBER	() FAX
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ADDRESS	CITY	STATE	ZIP
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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)	<u>TOTAL</u>
	\$ 50.00
THOSE PRE-MANF HOUSES IN MOBILE HOME PARK W/FOUNDATION PRESENT	\$ 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: _____

600 SQ. FT. AND UNDER	\$ 35.00		\$ _____
601 TO 1,000 SQ. FT.	\$ 50.00 + .02 X _____ SQ. FT.	=	\$ _____
1,001 TO 10,000 SQ. FT.	\$ 70.00 + .015 X _____ SQ. FT.	=	\$ _____
10,001 SQ. FT. AND OVER	\$ 250.00 + .005 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		=	\$ _____