

SCMCCI

South Central Michigan Construction Code Inspection, Inc.
 1309 Cleaver Rd Suite A - Caro MI 48723
 Ph: 989/672-3750 or Toll Free: 1-888-863-2904 Fx: 989/672-3814

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: 1-888-863-2904

Office Hours 8:00am to 4:00pm
 Monday thru Friday

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	Work Phone	Fax	

3. CONTRACTOR INFORMATION

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

4. ARCHITECT OR ENGINEER INFORMATION (when applicable)

Name		Address		City
State, Zip Code	Telephone	Work Phone	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"/> with attached garage <input type="checkbox"/> State of Michigan Approved Manufactured home Serial numbers (Side One) _____ (Side Two) _____ <input type="checkbox"/> with attached garage <input type="checkbox"/> Hud Approved Mobile/Doublewide, (year _____) Title serial numbers _____ HUD Certificate numbers _____ <input type="checkbox"/> with attached garage <input type="checkbox"/> Deck/Porch <input type="checkbox"/> with roof structure <input type="checkbox"/> without roof structure	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Garage <input type="checkbox"/> detached <input type="checkbox"/> attached/existing bldg <input type="checkbox"/> Pole Building <input type="checkbox"/> Storage Bldg/utility bldg/accessory bldg <input type="checkbox"/> Pool <input type="checkbox"/> below ground <input type="checkbox"/> above ground <input type="checkbox"/> Fire Job <input type="checkbox"/> Demolition, most recent use _____
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8. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Footing type:	<input type="checkbox"/> pole	<input type="checkbox"/> full footing	Wall type:	<input type="checkbox"/> poured walls
	<input type="checkbox"/> piers	<input type="checkbox"/> crawl space		<input type="checkbox"/> block walls
	<input type="checkbox"/> slab	<input type="checkbox"/> trench		<input type="checkbox"/> wood construction
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 system		
The type of sewage disposal is:	<input type="checkbox"/> private	<input type="checkbox"/> public system		
The number of bedrooms involved:	<input type="checkbox"/>	# of bathrooms <input type="checkbox"/>	#1/2 bathrooms <input type="checkbox"/>	
Will project have Air Conditioning:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Will this project have a fireplace:	<input type="checkbox"/> yes	<input type="checkbox"/> no	if yes, what kind:	<input type="checkbox"/> masonry
				<input type="checkbox"/> zero-clearance
				<input type="checkbox"/> gas burning
Will this project have a finished basement?:	<input type="checkbox"/> yes	<input type="checkbox"/> no		

9. STRUCTURAL ELEMENTS

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

10. DIMENSIONS OF PROJECT

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

1309 S Cleaver Rd, Caro MI 48723
PH: 989-672-3750 FX: 989-672-3814

APPLICATION FOR PLANS EXAMINATION

TWO 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 COMPLETEING THE PLAN REVIEW WILL NOT BEGIN UNTIL PLANS COMPLY WITH ALL REQUIREMENTS.

Office Hours: Mon. & Fri. 8:00 am to 4:00 pm

_____		PERMIT NO:	_____
DATE		AMOUNT:	_____
		RECEIPT NO:	_____
_____		CHECK NO:	_____
NAME OF PROJECT			

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: _____

	TOTAL	
ALL "HUD", "STATE OF MICH" PRE-MANUF.HOUSING (W/OUT GARAGE)	\$ 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	=	\$ _____