

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION****Sanilac County**

**Department of Construction**  
**Soil Erosion & Sedimentation Control Agency**  
 60 W. Sanilac Avenue, Room 210, Sandusky, MI 48471  
 Phone (810) 648-4664 Fax (810) 648-5110

AUTHORITY: P.A. 230 OF 1972, AS AMENDED  
 COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI**  
**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET -UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> DETACHED GARAGE	PERMIT FEE: HOME/ADDITION _____ GARAGE _____ DECK/PORCH _____ OTHER _____	PLAN REVIEW _____
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> DECK/PORCH		ADMIN FEE _____
	<input type="checkbox"/> ADDITION		BOND _____
<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER		TOTAL _____

**B. NON-RESIDENTIAL**

<input type="checkbox"/> AMUSEMENT	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> HOSPITAL, INSTITUTIONAL	<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

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY WALL HEARING    2.  WOOD FRAME    3.  STRUCTURAL STEEL    4.  REINFORCED CONCRETE    5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS    7.  OIL    8.  ELECTRICITY    9.  COAL    10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY    12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY    14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?  YES     NO    16. WILL THERE BE FIRE SUPPRESSION?  YES     NO

**F. DIMENSIONS/DATA**

17. NUMBER OF STORIES _____	21. FLOOR AREA: BASEMENT 1ST & 2ND FLOOR GARAGE DECK/PORCH ADDITION OTHER	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____		_____	_____	_____
19. CONSTRUCTION TYPE _____		_____	_____	_____
20. NUMBER OF OCCUPANTS _____		_____	_____	_____
		TOTAL AREA	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED \_\_\_\_\_

23. OUTDOORS \_\_\_\_\_

**VI. APPLICANT INFORMATION**

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

NAME	TELEPHONE
ADDRESS	CITY STATE ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER	

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 THIS 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.

Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, 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 subjected to civil fines.

**SIGNATURE OF APPLICANT**

<b>PERFORMANCE BOND FOR BUILDING:</b> 1 and 2 Family homes \$200.00 Pre-manufacture/mobile homes \$150.00 Alterations to buildings \$100.00 All other commercial/industrial \$300.00	Special Local Requirement, building permit must be obtained from the Department of Construction, 60 W. Sanilac, Courthouse Room 210, (810) 648-4664, BEFORE construction or placement of Mobile Unit begins. Plumbing, Electrical and Mechanical Permits are required and must Conform to the Michigan Energy Code. One copy of print/drawing to remain on file in this office during construction process.
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

ENVIRONMENTAL CONTROL APPROVALS - HOMEOWNER OR CONTRACTOR'S RESPONSIBILITY						
	REQUIRED?		APPROVED	DATE	NUMBER	BY
<b>A - PART 91 SOIL EROSION</b> Working within 500' of Lake river or stream - to verify if High Risk -Property I.D.No. First Contact (810) 648-4664 IF YES - CONTACT DEQ (517) 373-1952	YES	NO				
<b>B - PART 91 SOIL EROSION</b> Disturbs one acre or more Contact - Sanilac County Land Use (810) 648-4664	YES	NO				
<b>C - PART 303 SOIL EROSION</b> Work in Wetlands Contact: DEQ (989) 894-6200	YES	NO				
<b>D - PART 31 SOIL EROSION</b> Floodplain/Property flooding Contact: DEQ (989) 894-6226	YES	NO				
<b>E - HEALTH DEPARTMENT</b> Contact: (810) 648-2150 Ext #124						
Well	YES	NO				
Septic	YES	NO				
<b>F - ZONING REQUIRED</b>	YES	NO				
Remain the Same	YES	NO				
Variance Granted	YES	NO				
Other	YES	NO				

USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: YOU MUST HAVE A DRAWING WITH COMPLETE FRAMING DETAILS OF CONSTRUCTION FOR THE BUILDING INSPECTOR TO GO OVER WITH YOU BEFORE A PERMIT CAN BE ISSUED.**