

PROFESSIONAL CODE INSPECTIONS 110 WEST CENTER ST. SUITE A HASTINGS MI 49058	Jurisdiction:	PHONE: (269) 948-4088 FAX: (269) 948-9963
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•• APPLICATION FOR BUILDING PERMIT ••

1.) LOCATION OF BUILDING			
ADDRESS _____			
CITY/VILLAGE _____	TOWNSHIP _____	COUNTY _____	ZIP CODE _____
BETWEEN (cross street) _____	AND (cross street) _____		
a. IDENTIFICATION: OWNER OR LESSEE			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

2.) CONTRACTOR		NOT APPLICABLE COMMERCIAL <input type="checkbox"/>	
NAME _____		TELEPHONE NO. _____	FAX NO. _____
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
BUILDERS LICENSE NO. _____		EXPIRATION DATE _____	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/>	NO EMPLOYEES <input type="checkbox"/>
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/>	NO EMPLOYEES <input type="checkbox"/>
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/>	NO EMPLOYEES <input type="checkbox"/>

3.) SUB-CONTRACTORS:	
(a) ELECTRIC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(b) HEATING/AC: _____	TELEPHONE NO. _____
ADDRESS: _____	
(c) PLUMBING: _____	TELEPHONE NO. _____
ADDRESS: _____	

4.) PROJECT DESCRIPTION: COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>					
(a) <input type="checkbox"/> NEW BUILDING	(b) <input type="checkbox"/> ADDITION	(c) <input type="checkbox"/> ALTERATION	(d) <input type="checkbox"/> DEMOLITION	(e) <input type="checkbox"/> RELOCATION of BUILDING	<input type="checkbox"/> SIGN
<input type="checkbox"/> DET. GAR	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> POLE BARN	<input type="checkbox"/> MODULAR	<input type="checkbox"/> MOBILE HOME (include year) _____	
(a) <input type="checkbox"/> SINGLE FAMILY	(b) <input type="checkbox"/> TWO FAMILY	(c) <input type="checkbox"/> MULTI-FAMILY	(d) <input type="checkbox"/> ATTACHED GARAGE/CARPORT	(e) <input type="checkbox"/> ACCESSORY STRUCTURE	
BRIEF DESCRIPTION OF PROJECT: _____					

6.) BUILDING DIMENSIONS	
WIDTH _____ Ft. x LENGTH _____ Ft. x HEIGHT _____	TOTAL SQ. Ft. _____ NUMBER OF STORIES _____
Square Footage by Floor: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____ Porch/Deck _____	

7.) IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100-YEAR FLOODPLAIN? YES: NO:

8.) IS EXCAVATION ON SITE LARGER THAN ONE ACRE, WITHIN 500 FT. OF A LAKE, STREAM, OR COUNTY DRAIN? YES: NO:

9.) PROJECT VALUATION \$ _____ (Include labor, exclude lot value.)

10.) 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 NUMBER	
ADDRESS	CITY	STATE	ZIP
FEDERAL I.D. NO./SOCIAL SECURITY NO.			

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 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 sections 23a are subjected to civil fines.

SIGNATURE OF APPLICANT	APPLICATION DATE
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11.) **HOMEOWNER'S AFFIDAVIT:**

I hereby certify the construction work described on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by The Municipality, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNED: _____ DATE _____

12.) LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SEWER OR SEPTIC	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Notes and Date - For Department Use: _____

VALIDATION

BUILDING PERMIT NUMBER:	APPROVED BY:
ISSUE DATE:	
PERMIT FEE:	
SIGNATURE _____	
TITLE _____	

