



# APPLICATION FOR BUILDING PERMIT

County of Marquette

RESOURCE MANAGEMENT/DEVELOPMENT DEPT.

234 W. Baraga Avenue Marquette, MI 49855

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APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS 1,2,3,5,6,7,8, & 11

NOTE: PLUMBING, MECHANICAL AND ELECTRICAL WORK NEED SEPARATE PERMITS

1. JOB LOCATION	
ADDRESS	PARCEL/PROPERTY ID # 52-____-____-____-____
CITY	TOWNSHIP

2. IDENTIFICATION				
OWNER INFORMATION				
NAME				TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS
DESIGN PROFESSIONAL INFORMATION				
NAME				TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS
LICENSE NUMBER				EXPIRATION DATE
BUILDING CONTRACTOR INFORMATION				
NAME				TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS
MESC NUMBER	FEIN NUMBER	WORKERS COMP INSURANCE CARRIER	LICENSE NUMBER	EXPIRATION DATE

3. APPLICANT INFORMATION		
<p>APPLICANT RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:</p> <p><input type="checkbox"/> <b>AS THE AUTHORIZED AGENT</b>, 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.</p> <p><input type="checkbox"/> <b>AS THE PROPERTY OWNER</b>, I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS APPLICATION AND SUBMITTALS SHALL BE INSTALLED BY MYSELF IN MY OWN SINGLE FAMILY DWELLING IN WHICH I AM LIVING OR ABOUT TO OCCUPY.</p> <p><b>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.</b></p>		
PRINT NAME	<input type="checkbox"/> AUTHORIZED AGENT <input type="checkbox"/> PROPERTY OWNER	E-MAIL ADDRESS
SIGNATURE	DATE	TELEPHONE

4. BUILDING OWNER AFFIDAVIT/OWNERS SIGNATURE (REQUIRED FOR WORK BY LICENSED CONTRACTOR)		
<p>I HEREBY AUTHORIZE THE LICENSED CONTRACTOR NOTED ABOVE TO PERFORM THE WORK AS DESCRIBED WITHIN THIS APPLICATION AND CONSTRUCTION DOCUMENTS SUBMITTED AT THE JOB LOCATION NOTED IN BOX 1.</p>		
PRINT NAME	SIGNATURE OF OWNER	DATE

5. TYPE OF IMPROVEMENT	
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> RELOCATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> DECK <input type="checkbox"/> OTHER ( _____ )	
DESCRIPTION OF WORK:	ESTIMATED COST OF CONSTRUCTION: \$

## 6. PROPOSED USE OF BUILDING

### MICHIGAN RESIDENTIAL CODE USE

- |  |                                 |   |  |  |
|--|---------------------------------|---|--|--|
| <input type="checkbox"/> ONE/TWO FAMILY DWELLING | <input type="checkbox"/> GARAGE | <input type="checkbox"/> ACCESSORY STORAGE BUILDING | <input type="checkbox"/> PREMANUFACTURED | <input type="checkbox"/> HUD (MOBILE HOME) |
| <input type="checkbox"/> TOWNHOUSE               | <input type="checkbox"/> DECK   | <input type="checkbox"/> FENCE/RETAINING WALL       | <input type="checkbox"/> OTHER           | <input type="checkbox"/> STATE (BSAR)      |

### MICHIGAN BUILDING CODE (COMMERCIAL)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ASSEMBLY (RESTAURANT, LOUNGE, ETC)     | <input type="checkbox"/> MERCANTILE (DRUG STORES, MARKETS, ETC) | <input type="checkbox"/> COMMERCIAL KITCHEN                                |
| <input type="checkbox"/> BUSINESS (OFFICE, BANKS, BARBERS, ETC) | <input type="checkbox"/> INSTITUTIONAL (JAILS, HOSPITALS, ETC)  | <input type="checkbox"/> STORAGE LOW HAZARD (GLASS, METAL, ETC)            |
| <input type="checkbox"/> FACTORY (FOUNDERIES, INDUSTRIAL, ETC)  | <input type="checkbox"/> RESIDENTIAL (APARTMENTS, HOTELS, ETC)  | <input type="checkbox"/> STORAGE MODERATE HAZARD (BOOKS, ETC)              |
| <input type="checkbox"/> EDUCATIONAL (K-12, DAY CARE, ETC)      | <input type="checkbox"/> UTILITY (FENCES, RETAINING WALLS, ETC) | <input type="checkbox"/> HIGH HAZARD <input type="checkbox"/> AGRICULTURAL |

**DESCRIPTION OF BUILDING USE** DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING, ELEMENTARY /SECONDARY SCHOOL, PARKING GARAGE, DEPARTMENT STORE, RENTAL OFFICE BUILDING, MIXED USE. INCLUDE EXISTING USE IF APPLICABLE:

## 7. BUILDING INFORMATION

FOUNDATION INFORMATION	PRINCIPAL FRAMING TYPE	PRINCIPAL HEATING FUEL	SEWAGE DISPOSAL	TYPE OF WATER SUPPLY
<input type="checkbox"/> SLAB ON GRADE	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> PROPANE	<input type="checkbox"/> PUBLIC SEWER	<input type="checkbox"/> PUBLIC WATER
<input type="checkbox"/> PIERS	<input type="checkbox"/> MASONRY	<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PRIVATE COMMUNITY	<input type="checkbox"/> PRIVATE COMMUNITY
<input type="checkbox"/> CRAWL SPACE	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> FUEL OIL	<input type="checkbox"/> PRIVATE SEPTIC	<input type="checkbox"/> PRIVATE WELL
<input type="checkbox"/> FULL BASEMENT	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER		

WILL THERE BE WORK IN OTHER DISCIPLINES? (PLEASE CHECK IF APPLICABLE)  ELECTRICAL  PLUMBING  MECHANICAL

BUILDING DIMENSIONS	FLOOR AREA		
WIDTH:	BASEMENT AREA: _____	THIRD –TENTH AREA: _____	DECKS/PORCH AREA: _____
LENGTH:	FIRST FLOOR AREA: _____	GARAGE AREA: _____	
HEIGHT:	SECOND FLOOR AREA: _____	LOFT AREA: _____	TOTAL AREA: _____

## 8. CHARACTERISTICS OF BUILDING SITE

WILL THE STRUCTURE CREATE AN EARTH CHANGE LARGER THAN ONE ACRE?  YES  NO

WILL THE STRUCTURE BE LOCATED WITHIN 500' OF A LAKE OR STREAM?  YES  NO

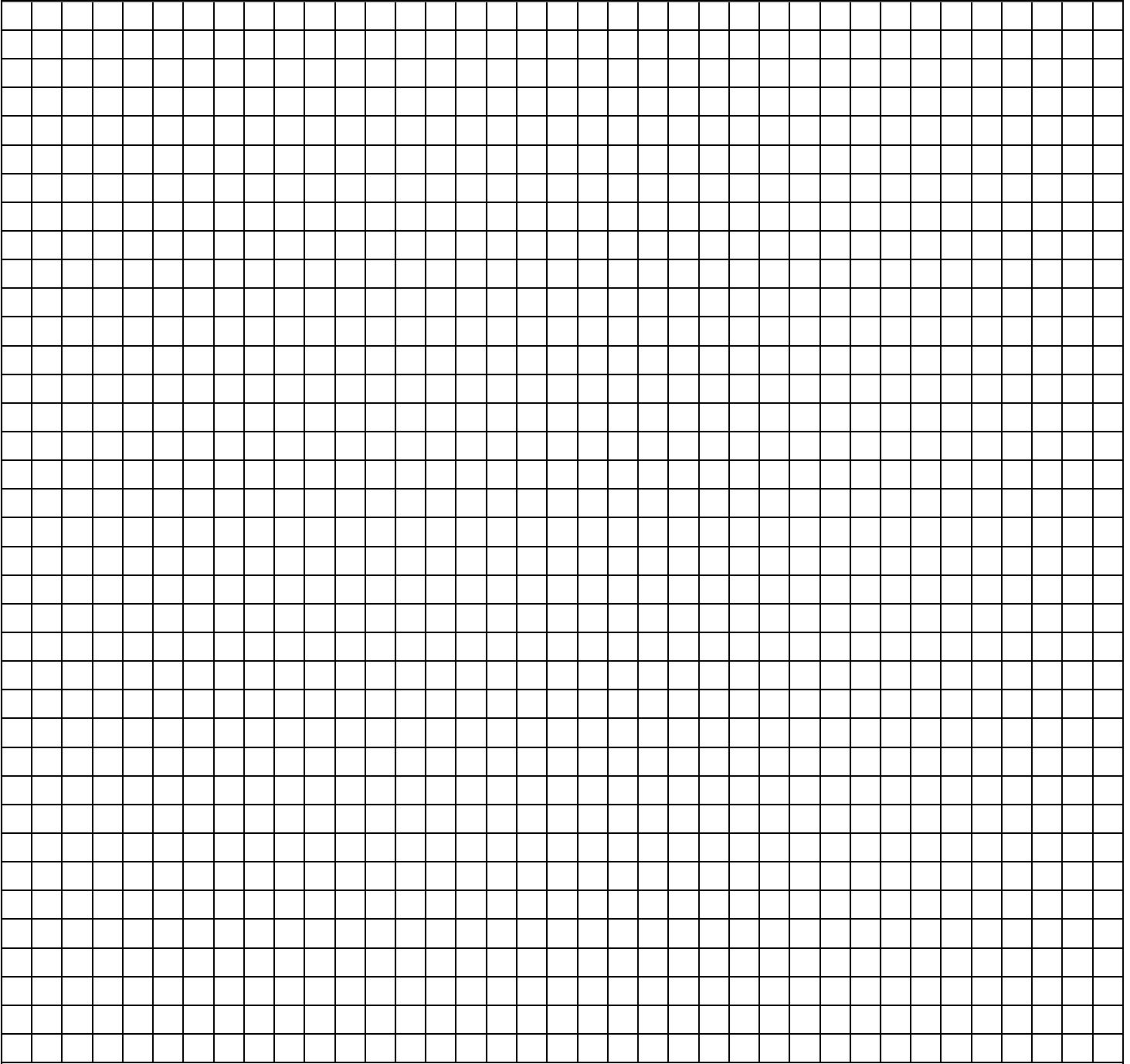
## 9. OTHER REQUIRED PERMITS AND APPROVALS (FOR DEPARTMENT USE ONLY)

	REQUIRED	APPROVED	DATE	NUMBER	BY
ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
WELL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
AIRPORT ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMERCIAL KITCHEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	MCHD NOTIFIED:			

## 10. VALIDATION (FOR DEPARTMENT USE ONLY)

BUILDING PERMIT #	PLAN REVIEW #	ISSUE DATE	DATE SIGNED:
PERMIT FEE	PR DEPOSIT FEE	PLAN REVIEW FEE	APPROVAL BY:
RECEIPT #	RECEIPT #	RECEIPT #	TITLE:

**11. SITE OR PLOT PLAN – FOR APPLICANT USE: INDICATE LOT LINES, BUILDING LOCATIONS AND SIZES, AND ALL DIMENSIONS AND DISTANCES.**



INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:

