

Send to Kevin Arquette

# Building Department

14110 Ingalls Hwy

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49256

## APPLICATION for PLAN EXAMINATION, ZONING and BUILDING PERMIT

**IMPORTANT** - Applicants Complete All Items in Sections: I, II, III, IV, V and VII

I. LOCATION of BUILDING	Location (Street Number and Street Name)		Zoning District	
	Names of Cross Streets Between _____ and _____			
	Subdivision	Lot Number	Block	Lot Size

### II. TYPE and COST of BUILDING - All Applicants Complete Parts A through D

<b>A. TYPE of IMPROVEMENT</b> 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See number 2 above) 4 <input type="checkbox"/> Repair, Replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of unit in building in Part D, 13) 6 <input type="checkbox"/> Moving (Relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Re-Roofing	<b>D. PROPOSED USE</b> <i>For "Wrecking" most recent use</i>  <table border="0"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Residential</b>            12 <input type="checkbox"/> One Family            13 <input type="checkbox"/> Two or more Family                <i>Enter number of units</i> _____            14 <input type="checkbox"/> Transient Hotel, Motel or Dormitory                <i>Enter number of units</i> _____            15 <input type="checkbox"/> Garage            16 <input type="checkbox"/> Carport            17 <input type="checkbox"/> Other (Specify) _____                _____                _____         </td> <td style="width: 50%; vertical-align: top;"> <b>Nonresidential</b>            18 <input type="checkbox"/> Amusement, Recreational            19 <input type="checkbox"/> Church, other Religious            20 <input type="checkbox"/> Industrial            21 <input type="checkbox"/> Parking Garage            22 <input type="checkbox"/> Service Station, Repair Garage            23 <input type="checkbox"/> Hospital, Institutional            24 <input type="checkbox"/> Office, Bank, Professional            25 <input type="checkbox"/> Public Utility            26 <input type="checkbox"/> School, Library, other Educational            27 <input type="checkbox"/> Stores, Mercantile            28 <input type="checkbox"/> Tanks, Towers            29 <input type="checkbox"/> Other (Specify) _____         </td> </tr> </table>	<b>Residential</b> 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more Family <i>Enter number of units</i> _____ 14 <input type="checkbox"/> Transient Hotel, Motel or Dormitory <i>Enter number of units</i> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other (Specify) _____ _____ _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, Recreational 19 <input type="checkbox"/> Church, other Religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking Garage 22 <input type="checkbox"/> Service Station, Repair Garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, Bank, Professional 25 <input type="checkbox"/> Public Utility 26 <input type="checkbox"/> School, Library, other Educational 27 <input type="checkbox"/> Stores, Mercantile 28 <input type="checkbox"/> Tanks, Towers 29 <input type="checkbox"/> Other (Specify) _____
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.) 9 <input type="checkbox"/> Public (Federal, State, Local Government)			

<b>C. COST</b> <span style="float: right;"><i>(Omit Cents)</i></span> 10 Cost of Improvement . . . . \$ _____ <i>To be installed but not included in the above cost:</i> a. Electrical . . . . . \$ _____ b. Plumbing . . . . . \$ _____ c. Heating, Air Conditioning \$ _____ d. Other (Elevator, etc.) . . . . \$ _____ 11 TOTAL Cost of Improvement \$ _____	<b>Nonresidential</b> - Describe in detail proposed use of buildings, 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.  _____ _____ _____
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### III. SELECTED CHARACTERISTICS of BUILDING - For New Buildings and Additions complete Parts E through L, for Wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE of FRAME</b> 30 <input type="checkbox"/> Masonry (Wall Bearing) 31 <input type="checkbox"/> Wood Frame 32 <input type="checkbox"/> Structural Steel 33 <input type="checkbox"/> Reinforced Concrete 34 <input type="checkbox"/> Other (Specify) _____	<b>G. TYPE of SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or Private Company 41 <input type="checkbox"/> Private (Septic Tank, etc.)  <b>H. TYPE of WATER SUPPLY</b> 42 <input type="checkbox"/> Public or Private Company 43 <input type="checkbox"/> Private (Well, Cistern)	<b>J. DIMENSIONS</b> 48 Number of Stories..... _____ 49 Total Sq Ft of Floor Area, All Floors, Based on Exterior Dimensions or Sq Ft of Roof Area _____ 50 Total Land Area, Sq. Ft. .... _____  <b>K. NUMBER of OFF STREET PARKING SPACES</b> 51 Enclosed . . . . . _____ 52 Outdoors . . . . . _____
<b>F. PRINCIPAL TYPE of HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other (Specify) _____	<b>I. TYPE of MECHANICAL</b>  Will there be air conditioning? 44 <input type="checkbox"/> Yes    45 <input type="checkbox"/> No  Will there be an elevator? 46 <input type="checkbox"/> Yes    47 <input type="checkbox"/> No	<b>L. RESIDENTIAL BUILDINGS ONLY</b> 53 Number of Bedrooms . . . . . _____ 54 Number of Bathrooms Full . . . . . _____ Partial . . . . . _____

Number Street



#### IV. IDENTIFICATION

Homeowner Permits Must List All Subcontractors and Their License Number

##### A. OWNER

Name		Telephone Number (      )	
Address	City	State	Zip Code

##### B. ARCHITECT or ENGINEER

Name		Telephone Number (      )	
Address	City	State	Zip Code

##### C. CONTRACTOR

Name		Telephone Number (      )	
Address	City	State	Zip Code
License Number	Expiration Date	Social Security Number	Federal Employer ID Number (or reason for exemption)
Workers Compensation Insurance Carrier (or reason for exemption)			MESC Employer Number (or reason for exemption)

#### V. APPLICANT INFORMATION

The 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 Code
Federal Employer ID 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 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. I acknowledge receipt of and agree to comply with the Michigan Building Code.			
Fee Enclosed:			
Signature of Applicant		Date	
Section 23A of the State Construction Code Act of 1972, Act Number 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.			

**VI. ZONING PLAN EXAMINERS NOTES**

District

Use

Front Yard

Side Yard

Side Yard

Rear Yard

Notes

Blank space for notes, consisting of four horizontal lines.

**VII. SITE or PLOT PLAN - For Applicant Use**

A large rectangular area filled with a fine grid of graph paper, intended for drawing a site or plot plan.

