

Building Permit Application

4-2016

OSCEOLA COUNTY BUILDING DEPARTMENT
22054 Professional Dr. Suite A
Reed City, Michigan 49677
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AUTHORITY: P.A. 230 of 1972, AS AMENDED COMPLETION MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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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

I. PROJECT INFORMATION		PROPERTY # 67 - - - -	
TYPE OF PROJECT		ADDRESS OF LOCATION	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:		OSCEOLA COUNTY	ZIP
DIRECTIONS TO SITE			
II. Applicant/Facility Contact Information			
A. Applicant			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS			
B. Owner or Lessee			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
C. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
LICENSE NO.			EXPIRATION DATE
D. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER(or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			
E-MAIL ADDRESS			

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

Type of Improvement		Cost of Improvement		
1. <input type="checkbox"/> New Building	2. <input type="checkbox"/> Addition	3. <input type="checkbox"/> Alteration	4. <input type="checkbox"/> Repair	5. <input type="checkbox"/> Wrecking
6. <input type="checkbox"/> Mobile Home Set-up	7. <input type="checkbox"/> Foundation Only	8. <input type="checkbox"/> Premanufacture	9. <input type="checkbox"/> Relocation	10. <input type="checkbox"/> Special Inspection

B. PLAN REVIEW REQUIRED

A set of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.

Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.

IV. Plan Review Information

A. Residential-Buildings Regulated by the Michigan Residential Code

<input type="checkbox"/> One Family	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Two Or More Family (No. Of Units _____)	(No. Of Units _____)	
	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Other

B. Buildings Regulated by the Michigan Building Code

<input type="checkbox"/> A-1 ASSEMBLY (Theatres, Etc.)	<input type="checkbox"/> H-1 HIGH HAZARD (Detonation)	<input type="checkbox"/> M Mercantile
<input type="checkbox"/> A-2 ASSEMBLY (Restaurants, Bars, Etc.)	<input type="checkbox"/> H-2 HIGH HAZARD (Deflagration)	<input type="checkbox"/> R-1 RESIDENTIAL 1 (Hotels, Motels)
<input type="checkbox"/> A-3 ASSEMBLY (Churches, Libraries, Etc.)	<input type="checkbox"/> H-3 HIGH HAZARD (Combustion)	<input type="checkbox"/> R-2 RESIDENTIAL 2 (Multiple Family)
<input type="checkbox"/> A-4 ASSEMBLY (Indoor sports, Etc.)	<input type="checkbox"/> H-4 HIGH HAZARD (Health Hazard)	<input type="checkbox"/> R-3 RESIDENTIAL 3 (Child & Adult)
<input type="checkbox"/> A-5 ASSEMBLY (Outdoor sports, Etc.)	<input type="checkbox"/> H-5 HIGH HAZARD (HPM)	<input type="checkbox"/> R-4 RESIDENTIAL 4 (Assisted Living)
<input type="checkbox"/> B Business	<input type="checkbox"/> I-1 INSTITUTIONAL 1 (Supervised)	<input type="checkbox"/> S-1 STORAGE 1 (Moderate Hazard)
<input type="checkbox"/> E Education	<input type="checkbox"/> I-2 INSTITUTIONAL 2 (Hospital Etc.)	<input type="checkbox"/> S-2 STORAGE 2 (Low Hazard)
<input type="checkbox"/> F-1 FACTORY (Moderate Hazard)	<input type="checkbox"/> I-3 INSTITUTIONAL 3 (Prisons Etc.)	<input type="checkbox"/> U UTILITY (Miscellaneous)
<input type="checkbox"/> F-2 FACTORY (Low Hazard)	<input type="checkbox"/> I-4 INSTITUTIONAL 4 (DayCare Etc.)	

Alteration, repairs and additions- Provide a description of the work to be covered by the building permit. As examples; 20,000 square foot school roof covering, building a 2,300 square foot addition, replace 5 exterior doors, renovate basement in residence, etc.

V. Building Data

A. Type of Mechanical

<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other
Will there be air conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No		Will there be fire suppression <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Type of Construction

<input type="checkbox"/> 1A- Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B- Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A- Non Combustible (Rated Structural Elements) 1 HR
<input type="checkbox"/> 2B- Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 3A- Non Combustible (Exterior Walls Only)	<input type="checkbox"/> 3B- Non Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4- Heavy Timber	<input type="checkbox"/> 5A- Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B- Combustible (All Elements Not Rated)

C. Dimensions/Data

Floor Area:	Existing	Alterations	New
Basement	_____	_____	_____
1st & 2nd Floor	_____	_____	_____
3rd - 10th Floor	_____	_____	_____
11th and Above	_____	_____	_____
TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

Enclosed _____ Outdoors _____

VI. Signature

I HERBY CERITFY 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 OWNER(Required)	TYPE OR PRINT
SIGNATURE OF OWNERS AGENT	TYPE OR PRINT
Plan Review Fee Enclosed	Building Permit Fee Enclosed

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROLS APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A. ZONING	[] Yes [] No				
B. ENERGY CODE	[] Yes [] No				
C. POLLUTION CONTROL	[] Yes [] No				
D. NOISE CONTROL	[] Yes [] No				
E. SOIL EROSION	[] Yes [] No				
F. FLOOD ZONE	[] Yes [] No				
G. WATER SUPPLY	[] Yes [] No				
H. SEPTIC SUPPLY	[] Yes [] No				
I. VARIANCE GRANTED	[] Yes [] No				
J. DRIVEWAY	[] Yes [] No				

VIII. VALIDATION- For Department Use Only

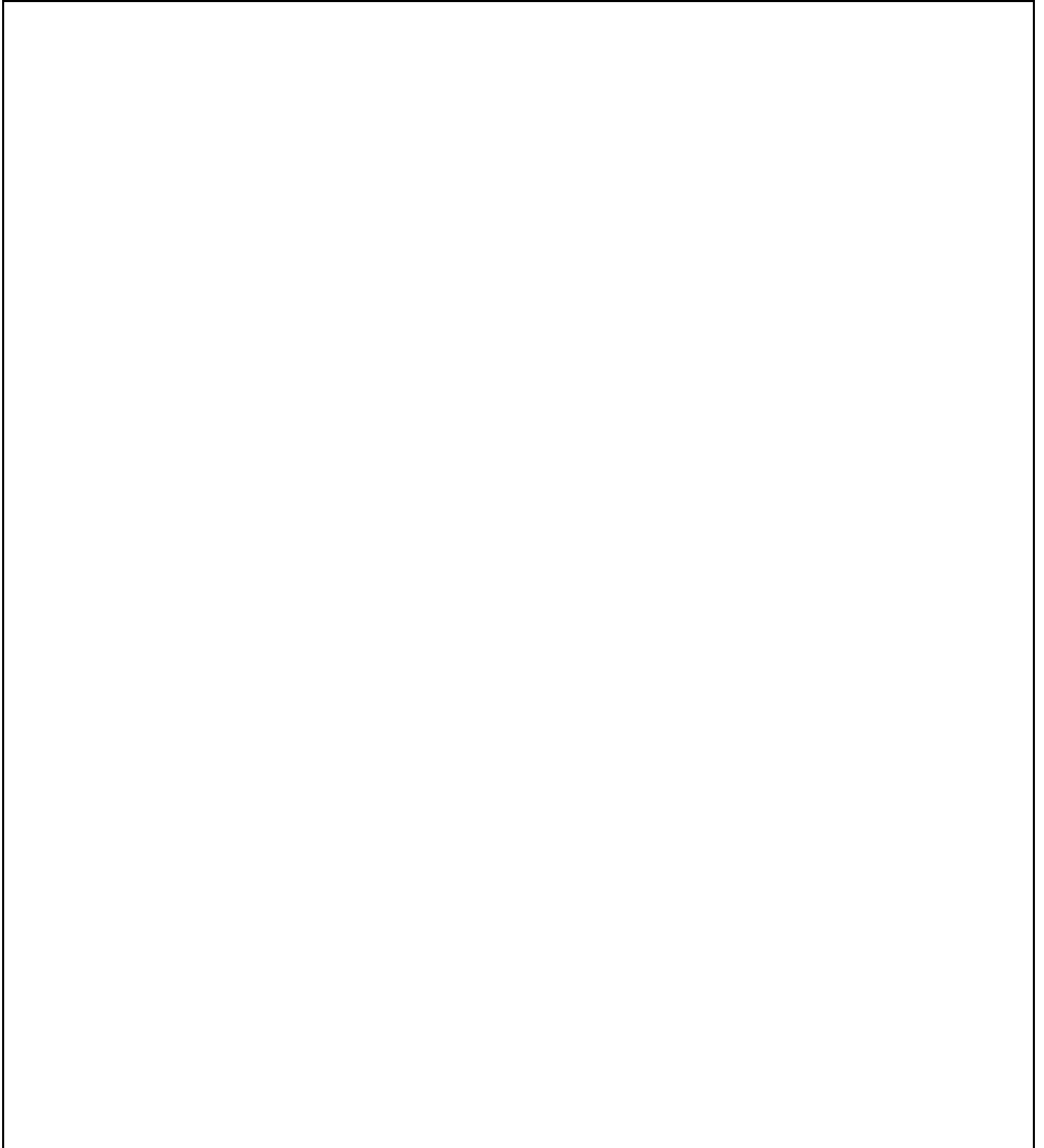
USE GROUP _____	APPLICATION FEE _____
	non-refundable
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	CERTIFICATE OF OCCUPANCY _____
Approval Signature _____	
Title _____	Date _____

IX. SITE OR PLOT PLAN-FOR APPLICANT USE

PLEASE SHOW:

**PLACEMENT OF PROJECT
DISTANCE TO OTHER BUILDINGS
DISTANCE FROM LOT LINES
PLACEMENT OF DRIVEWAY**

NORTH



SOUTH