

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

## OSCEOLA COUNTY BUILDING DEPARTMENT

4323 220<sup>TH</sup> Avenue

Reed City, Michigan 49677

Phone (231)832-6117 or (231) 832-6118

Fax (231) 832-7345

<b>AUTHORITY:</b> P.A. 230 of 1972, AS AMENDED <b>COMPLETION:</b> MANDATORY TO OBTAIN PERMIT <b>PENALTY:</b> 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**

<b>I. PROJECT INFORMATION</b>	PROPERTY #
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TYPE OF PROJECT		ADDRESS OF LOCATION		
CITY	VILLAGE	TOWNSHIP	OSCEOLA COUNTY	ZIP
BETWEEN		AND		

**II. IDENTIFICATION**

**A. OWNER OR LESSEE INFORMATION**

NAME		MAILING ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE	

**B. ARCHITECT OR ENGINEER INFORMATION**

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE	
LICENSE NO.			EXPIRATION DATE	

**C. CONTRACTOR INFORMATION**

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE	
BUILDERS LICENSE NO			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

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW**

<b>A. TYPE OF IMPROVEMENT</b>					<b>COST OF IMPROVEMENT:</b>				
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. REVIEW (S) TO BE PERFORMED**

<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy
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**IV. PROPOSED USE OF BUILDING****A. RESIDENTIAL-** For "wrecking", show most recent use

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> One Family                                 | <input type="checkbox"/> Hotel, Motel<br>(No. Of Units _____) | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Two Or More Family<br>(No. Of Units _____) | <input type="checkbox"/> Attached Garage                      | <input type="checkbox"/> Other           |

**B. NON-RESIDENTIAL-** For "wrecking", show most recent use

- |   |   |   |
|---|---|---|
| <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.

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**V. SELECTED CHARACTERISTICS OF BUILDING****A. PRINCIPAL TYPE OF FRAME**

- |  |                                     |   |  |                                |
|--|-------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Masonry, Wall Bearing | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other |
|--|-------------------------------------|---|--|--------------------------------|

**B. PRINCIPAL TYPE OF HEATING**

- |                              |                              |                                      |                               |                                |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Electricity | <input type="checkbox"/> Coal | <input type="checkbox"/> Other |
|------------------------------|------------------------------|--------------------------------------|-------------------------------|--------------------------------|

**C. TYPE OF SEWAGE DISPOSAL**

- |  |  |
|--|--|
| <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Septic System |
|--|--|

**D. TYPE OF WATER SUPPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Private Well or Cistern |
|--|--|

**E. TYPE OF MECHANICAL**

- |   |   |
|---|---|
| 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 |
|---|---|

**F. DIMENSION/DATA**

Number of Stories	Floor Area:	Existing	Alterations	New
Use Group _____	Basement	_____	_____	_____
Construction Type _____	1 <sup>st</sup> & 2 <sup>nd</sup> Floor	_____	_____	_____
No. Of Occupants _____	3 <sup>rd</sup> - 10 <sup>th</sup> Floor	_____	_____	_____
<b>FOOTING SIZE &amp; TYPE</b>	11 <sup>th</sup> - Above	_____	_____	_____
	<b>TOTAL AREA</b>	_____	_____	_____

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

- |                |                |
|----------------|----------------|
| Enclosed _____ | 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

Federal I.D. Number/Social Security Number

I HERBY 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 residential structure. Violators of Section 23a are subjected to civil fines.

<b>SIGNATURE OF APPLICANT</b>	Date
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Plan Review Fee Enclosed	Building Permit Fee Enclosed
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**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED	APPROVED	DATE	NUMBER	BY
A. ZONING	[ ]yes [ ]no				
B. FIRE DISTRICT	[ ]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**

Use Group _____	Base Fee _____
Type of Construction _____	Number of Inspections _____
Square Feet _____	

Approval Signature	
Title	Date

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

**NORTH**

**SOUTH**