

Building Permit Application

Construction Code Authority • 1075 Suncrest Dr • Lapeer, MI 48446

Ph: 810-667-0420 • Fax: 810-667-2952 • Scheduling: 810-664-0981

Imlay City Office: 810-724-8081 • www.constructioncodeauthority.com

Job Site _____	MUNICIPALITY _____
Cross Roads _____	N S E W Side of Road
Lot/Parcel # _____	Lot Size _____

Permit To: New Addition Alter/Remodel Code Compliance

Demo/Raze Other (describe): _____

Permit To:

<input type="checkbox"/> Conventional Built Home	<input type="checkbox"/> Pre-Manufactured Home	<input type="checkbox"/> Log Home <i>(sealed print req'd)</i>
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Garage w/Breezeway
<input type="checkbox"/> Sign - Wall	<input type="checkbox"/> Sign - Ground	<input type="checkbox"/> Pole Building/Accessory Bldg
<input type="checkbox"/> Pool – In Ground	<input type="checkbox"/> Pool – Above Ground	<input type="checkbox"/> Carport
<input type="checkbox"/> Deck/Porch/Awning	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other _____

Foundation Type	Construction Information	Required Permits
<input type="checkbox"/> Basement Block/Foam	Commercial Sq Ft _____	<input type="checkbox"/> Septic _____
<input type="checkbox"/> Basement Poured	Deck Square Footage _____	<input type="checkbox"/> Sewer _____
<input type="checkbox"/> Basement Wood/Steel	Accessory Building Sq Ft _____	<input type="checkbox"/> Culvert/R-O-W _____
<input type="checkbox"/> Reinforced Mat	Building Height _____	<input type="checkbox"/> Soil Erosion _____
<input type="checkbox"/> 42" Footings (Trench/Spread)	Living Area Sq Ft _____	<input type="checkbox"/> Flood Plain _____
<input type="checkbox"/> 42" Footings (Pole)	Garage Sq Ft _____	<input type="checkbox"/> Well _____
<input type="checkbox"/> Crawl Block	Number of Stories _____	<input type="checkbox"/> Wetlands _____
<input type="checkbox"/> Crawl Wood	Number of Bedrooms _____	
<input type="checkbox"/> Piers	Number of Bathrooms _____	
<input type="checkbox"/> Existing	Total Square Footage _____	
<input type="checkbox"/> Other: _____	Masonry Veneers <input type="checkbox"/> YES <input type="checkbox"/> NO	

Estimated Value of Construction:

\$ _____

CONTINUE APPLICATION ON NEXT PAGE →→→
BOX BELOW FOR OFFICE USE ONLY

Plan Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stake Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway Insp: <input type="checkbox"/> Yes <input type="checkbox"/> No
Use Group _____	Construction Type _____	Occupancy Load _____
PERMIT APPROVED BY: _____		DATE: _____
Remarks _____		

ZONING COMPLIANCE PERMIT

Specified Intended Use _____ % Lot Coverage _____ Length of Driveway _____
 Length _____ Width _____ Height _____ Roof Pitch/Style _____
 Sq Ft First Floor _____ Sq Ft Second Floor _____ Sq Ft of Garage _____

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|---------|--------|--|
| 1. Does this property have frontage on two roads? | Yes [] | No [] | |
| 2. Is the property bordering on a lake? | Yes [] | No [] | |
| 3. Is there a dwelling presently on this property? | Yes [] | No [] | |
| 4. Is there an accessory building presently on this property? | Yes [] | No [] | |
| 5. Is there an easement on this property? (i.e. utility, etc) | Yes [] | No [] | |
| 6. Is the construction located in a flood plain? | Yes [] | No [] | |
| 7. Is the construction located within 500' of a lake, stream, or natural body of water equaling 1 acre or more of surface area? | Yes [] | No [] | |
| 8. Is the construction located in or within 500' of a wetland? | Yes [] | No [] | |
| 9. Will the construction require the moving of one surface acre or more of land? | Yes [] | No [] | |
| 10. If construction is for an accessory building will it contain animals? | Yes [] | No [] | |
| 11. Will footings be trenched near poles, guy wires, anchors? | Yes [] | No [] | |
| 12. Are there any overhead or underground wires on site? | Yes [] | No [] | |
| 13. Will the structure be built under or near overhead lines? | Yes [] | No [] | |
| 14. Will any wells be drilled under or near overhead wires? | Yes [] | No [] | |
| 15. Will any antenna be erected on the property which would be in conflict with power lines, in a standing or free falling situation? | Yes [] | No [] | |
| 16. Will any trees be cut which are in proximity of overhead wires? | Yes [] | No [] | |

If you answered YES to question 11 thru 16, please contact your local utility company.

Owner or contractor could have personal liability in the event of injury or fatality on construction close to Edison lines.

Contact MISS DIG at 1-800-482-7171 *before* excavation.

Normal lead-time required to relocate Edison facilities, or provide a line extension is six (6) weeks after all right-of-way or other agreement and any payments have been finalized with the property owner.

LAND USE RESTRICTIONS:

Property I.D. # _____ ZONING DISTRICT _____

Setbacks: All construction must be a minimum of _____ feet from the **edge/center** of **any** road right of way and _____ feet from the edge of **any** road right of way for subdivision streets and private roads

L. Side: _____ feet minimum from the left side lot line.	Driveway Inspection Req'd	Y / N
R. Side: _____ feet minimum from the right side lot line.	Minimum Req'd Roof Pitch	_____
Rear: _____ feet minimum from the rear lot line.	Elevation Certificate Req'd	Y / N
Comments: _____	Stake Inspection Req'd	Y / N
	Non-Conforming Lot/Structure	Y / N

I certify the above questions were answered to the best of my ability. I also understand it is my responsibility to be aware of and comply with any and all deed restrictions, subdivision regulations, flood plain regulations, wetland regulations and zoning requirements relating to this permit. _____ ***initial***

Applicant's Signature: _____ Date _____

Driver's License No. _____ or Date of Birth: _____

Deputy/Zoning Administrator _____ Date _____

Property Owner Name _____ Phone () _____

Current Address _____ City _____ State _____ Zip _____

Owners Drivers License # _____ or Date of Birth _____

Property Owner Affidavit: I hereby certify the work described on this permit application shall be installed in accordance with the State Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for the necessary inspections.

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 the 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.

Property Owner's Signature _____ **Date** _____

Fax () _____

Contractor Name on License _____ Phone () _____

Contractor License Number _____ Expiration Date _____

Current Address _____ City _____ State _____ Zip _____

Federal I.D. Number (or reason for exemption) _____

Workman's Comp. Carrier (or reason for exemption) _____

MESC Number (or reason for exemption) _____

Contractor Affidavit: I hereby certify that the proposed work is 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 and the local jurisdiction. All information on this application is accurate to the best of my knowledge.

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 the 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.

Contractor's Signature _____ **Date** _____

Print Name _____ **Date of Birth** _____

Architect or Engineer Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

PLOT PLAN TO BE COMPLETED BY ALL APPLICANTS.

Please submit *Approved Septic Site Plan from Health Department*. Include the following:

1. Location & dimensions of all property lines regardless of acreage, include **North Point**
2. Location of public streets, highways, private drives, driveways, easements
3. Location, dimensions, and square footage of all existing and proposed buildings or other permanent structures; ie. pools, decks, etc
4. Distances from all property lines to the proposed building or structure
5. Location of all underground utilities; well, septic, storm or sanitary sewer, etc
6. Location of any natural features ie. ponds, rivers, streams, drains