

SAULT STE. MARIE BUILDING DEPARTMENT
225 East Portage Avenue, Sault Ste. Marie, MI 49783 (906) 632-5700
BUILDING PERMIT AND PLAN REVIEW APPLICATION

PROPERTY OWNER: _____

Tax Description Number: _____

IMPORTANT - Applicant to complete all items in Sections: I, II, III, IV, & V

I. LOCATION OF BUILDING

SITE ADDRESS: _____

Legal Description: _____

Lot Size: _____ Zoning District: _____

II. TYPE AND PROPOSED USE OF BUILDING - All applicants complete Parts A - C

A. TYPE OF IMPROVEMENT

- New Building Alteration/Remodel/Renovation Demolition Foundation Only
 Addition Repair/Replacement Modular/Mobile Setup Other - Specify _____

B. PROPOSED RESIDENTIAL USE

- One-Family Multi-Family Hotel/Motel/Dormitory Other - Specify _____
 Two-Family Number of Units _____ Number of Units _____
 Attached Garage Detached Garage

C. PROPOSED NONRESIDENTIAL USE

- Amusement, Recreational Service Station/Repair Garage Stores/Mercantile Other - Specify _____
 Church Hospital/Institutional Library/Educational
 Industrial, Factory Office/Bank/Professional Warehouse/Storage
 Restaurant/Bar/Night Club Public Utility

REMARKS: _____

III. SELECTED BUILDING CHARACTERISTICS - All applicants complete Parts D - K

D. COST (Total cost of improvement including cost of all work; site, electrical, plumbing, mechanical, fire suppression, etc.)

Contract Price (est) _____ ICC Building Valuation Data Cost _____

E. PRINCIPAL FRAMING TYPE

- Masonry (Bearing Wall)
 Wood Studs
 Steel Studs
 Structural Steel
 Reinforced Concrete
 Other - Specify _____

F. SEWAGE DISPOSAL TYPE

- Public or Private Company
 Private (Septic Tank, Lagoon, etc.)

H. PRINCIPAL HEATING FUEL TYPE

- Gas
 Electricity
 Other - Specify _____

G. WATER SUPPLY TYPE

- Public or Private Company
 Private (Well, Cistern, etc.)

I. NUMBER OF OFF-STREET PARKING SPACES

Enclosed _____

Outdoors _____

K. DIMENSIONS

Number of Stories _____

Dimensions of Building or Addition _____

Total Floor Area, All Floors _____

Total Land Area _____

J. FLOOD PLAIN YES NO

IV. IDENTIFICATION - To be completed by all applicants		
A. Owner or Lessee		
Name:	Address:	
City/State/Zip:	Telephone:	
B. Architect/Engineer		
Name:	Address:	
City/State/Zip:	Telephone:	
C. Contractor		
Name:	Address:	
City/State/Zip:	Telephone:	
Builders License Number:	Expiration Date:	
Federal Employer ID Number:	MESC Employer Number:	
Workers Comp Insurance Carrier:		
V. APPLICANT INFORMATION - Applicant must complete		
Name:	Address:	
City/State/Zip:	Telephone:	
<p>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/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.</p>		
<p>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 subject to civil fines.</p>		
Signature of Applicant:		Date:
VI. VALIDATION - For Department Use Only		
Use Group:	Type of Construction:	
Occupant Load:	Building Area:	
Building Permit Number:	Permit Issue Date:	
Building Permit Fee:	Plan Review Fee:	
Approved By:		Date:
Notes and Data		