

Building PermitApplication

Authority: 1972 PA230
Completion: Mandatory to obtain permit
Penalty: Permit cannot be issued

Residential Structures

(One-and Two-Family Residential with *less* than 3,500 square feet of calculated floor area)

•Building Permit Application (BCC-324).

•Minimum of two (2) sets of plans that include the following:

Foundation and floor plans

Roof and wall section

Building elevations

Site plan

Provide method of compliance with the "Michigan Uniform Energy Code"

Commercial Structures

(Including One and Two-Family Structures with more than 3,500 square feet of calculated floor area)

- •Building Permit Application (BCC-324)
- •Copy of plan review approval letter. Building plan review must be approved prior to a building permit being issued.

Mobile and Premanufactured Homes

- •Building Permit Application (BCC-324)
- •Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation for Mobile Homes
- •Site plan
- •For Michigan approved premanufactured units; one (1) copy of the Building System Approval and the approved plans.

Demolition of Structures

- •Building Permit Application (BCC-324)
- •DEQ/LARA Notification of Intent Renovate/Demolish form (EQP 5661) (MIOSHA-CSH 142)
- •Proof of Utility Disconnects (electrical, water, gas)

Instructions for Completing Application

Page 1 of the application: Complete all applicable sections. Note section II(C, D). If the owner is doing the construction, enter "Owner" in the contractor information space. The application must be signed by the owner and the applicant. (If the applicant is the owner, only sign the application on the "Signature of Owner" line.

Page 2 of the application: Enter the information as required. (Type of improvement, use of structure, type of construction and Dimensions/Data)

Page 3 Environmental Control Approvals - This section must be completed by the local governmental agency (city/township etc.) for environmental control approvals (be sure that all local requirements A through I are approved). In certain jurisdictions, a land use permit may be substituted for zoning approval. Indicate whether a well or septic approval is required. Well and septic permits are typically issued by the county health department.

Schools: It is the responsibility of public schools to submit for environmental control approvals as required by law.

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Building Permit Fees

Building permit fees may be obtained from the Building Department, which can be reached at (810) 765-9011

You will need to furnish the following information when calling

- •Total square footage of the structure.
- •Use group (i.e., "R-3"use group for single family homes, "U" use group for detached garages, pole barns, etc.).
- •Type of construction ("5B" for wood frame construction is typical for a residence, or "2B" construction on-combustible construction is typical for a school).

If you submit your building permit application and plans without money, your application will be put on hold and you will receive an invoice for the building permit fee.

When to Call for an Inspections

Please call the building inspector's telephone number listed on your building permit at least two (2) days prior to the time you need an inspection. A minimum of five (5) inspections are required on most structures. It is the <u>permit holder's responsibility to call for inspections</u>, prior to the construction being covered.

Foundation Inspection

Prior to placing concrete in piers, trenches and formwork.

Backfill Inspection

Prior to backfill and after the footings, walls, waterproofing, and drain tile are installed.

Rough Inspection

The rough inspection is to be made after the roof, all framing, firestopping, bracing, and the electrical rough, mechanical rough, and the plumbing rough installations have been approved and before the insulation is installed.

Insulation Inspection

The insulation inspection is conducted after all insulation has been installed and before any finish work is installed.

Final Inspection

The final inspection is to be made upon completion of the building or structure, and <u>before occupancy occurs</u>.

Expiration of Permit

A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.

Certificate of Occupancy

A new building or a building that is altered shall not be used or occupied until a Certificate of Occupancy is issued by the code official. The permit holder or their authorized agent must request a Certificate of Occupancy (in writing) upon the completion of the project. This request must include the building, electrical, mechanical, plumbing, boiler and elevator permit numbers (when applicable), the plan review submission number and the Bureau of Fire Services project number (for schools only). A Certificate of Occupancy cannot be issued until all fees are paid, permits are finaled and the work covered by a building permit has been completed in accordance with the permit, the code and other applicable laws and ordinances. If an electrical, mechanical, plumbing, boiler or elevator permit, plan review submission or Fire Services project is not required, write "not applicable" on the request form in the appropriate space.

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City of Marine City
Building Department
260 S. Parker St.
Marine City, MI 48039
(810) 765-9011
buildingdepartment@cityofmarinecity.org

Building Permit Application

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Authority:	uthority: 1972 PA 230 The city of Marine City				City is an equal opportunity employer/program. Auxiliary services and other reasonable				
Penalty:	Failure to provide the information	on may result in d	enial of your request.	accommodations a	ns are available upon request to individuals with disabilities.				
	or Facility Information								
PROJECT I	DESCRIPTION				ADDRE	SS			
NAME OF 0	CITY, VILLAGE OR TOWNSHIP	IN WHICH JOB	S LOCATED			CITY			ZIP CODE
☐ City	☐ Village ☐ Town	nship OF :							
COUNTY		BETWEEN				ANI	D		
Applicar	nt								
NAME					E-MAIL				
ADDRESS			CITY		STATE		ZIP CODE	TELEPHONE NUI	MBER (Include Area Code)
0									
NAME	or Lessee				ADDRE	99			
IVAIVIL					ADDRESS				
CITY			STATE		ZIP CO	DE		TELEPHONE NUI	MBER (Include Area Code)
Signatur	re								
I HEREB OWNER	BY CERTIFY THAT THE	ATION AS H	S/HER AUTHORIZE	ED AGENT, ANI	D WE AGR	EE TO C	CONFORM TO A	ALL APPLICABI	EEN AUTHORIZED BY THE LE LAWS OF THE STATE OF
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.						om conspiring to itial building or a			
SIGNATUR	E OF OWNER (Required)				TYPE OR PRI	NT	·		
SIGNATUR	E OF OWNER'S AGENT			-	TYPE OR PRINT				
COST OF	CONSTRUCTION \$_						OR ST.	ATE ACCOUNT NU	MBER
Validatio	on - For Department Us	se Only					VALIDA	ATION AREA	
USE GR	OUP								
TYPE OF CONSTRUCTION									
SQUARE	FEET								
APPLICA	ATION FEE (non-refunda	able) \$							
CERTIFICATE OF OCCUPANCY YES NO \$									
NUMBER OF INSPECTIONS \$									
TOTAL F	PERMIT FEE \$								
APPROV	/AL SIGNATURE								

Architect or Engineer						
NAME		ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)			
LICENSE NUMBER		1	EXPIRATION DATE			
Contractor						
NAME		ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)			
BUILDERS LICENSE NUMBER			EXPIRATION DATE			
FEDERAL EMPLOYER ID NUMBER (or reason for exemp	otion) WOF	KERS COMP INSURANCE CARRIER (or reason for exemption)				
	, No.	and the second s	,			
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER	ACCOUNT NUMBER (or reason for exemption)					
20 MENT MOONING AGENOT EMPEOTEN	10000111 Hombert for reason for exemption)					
Type of Job						
A. Type of Improvement						
NEW BUILDING ALTERATION	DEMOLITION	FOUNDATION ONL	LY RELOCATION			
ADDITION REPAIR	MOBILE HOME SET-UP	PREMANUFACTUI				
B. Plan Review Required	ad with each confication for a reserve	Links weiged by the bullet	og official whon code compliance can be			
A set of construction documents are require determined based on the description in the		, urness warved by the buildir	ig official when code compliance can be			
·			1 1000 BA 000			
Construction documents must be sealed and and	d signed by an architect or profession	nal engineer in accordance with	h 1980, PA 299 as amended. The seal			
signature is not required for one and two far	mily dwellings less than 3,500 square	e feet of calculated floor area	and public works less than \$15,000 in			
total						
construction cost.						
For buildings regulated by the Michigan			mitted with a separate Application for			
Plan Examination, the appropriate fee, a	nd approved before a building per	mit can be issued.				
Plan Review Information						
A. Residential - Buildings Regulated by t	he Michigan Residential Code					
ONE FAMILY	TOWNHOUSE- No. of	Units	DETACHED GARAGE			
TWO OR MORE FAMILY	ATTACHED GARAGE		OTHER			
NO. OF UNITS	ATTACILE GARAGE					
B. Buildings Regulated by the Michigan	Building Code					
_	_	_				
(A-1) ASSEMBLY (THEATRES, ETC.)	(H-1) HIGH HAZARD (DETO		M) MERCANTILE			
(A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	(H-2) HIGH HAZARD (DEFLA	_	R-1) RESIDENTIAL 1 (HOTELS, MOTELS)			
(A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	(H-3) HIGH HAZARD (COMB		R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)			
(A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	(H-4) HIGH HAZARD (HEAL		R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)			
(A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	(H-5) HIGH HAZARD (HPM)		R-4) RESIDENTIAL 4 (ASSISTED LIVING)			
	(I-1) INSTITUTIONAL 1 (SUF		S-1) STORAGE 1 (MODERATE HAZARD)			
(E) EDUCATION	(I-2) INSTITUTIONAL 2 (HOS		S-2) STORAGE 2 (LOW HAZARD)			
(F-1) FACTORY (MODERATE HAZARD)	(I-3) INSTITUTIONAL 3 (PRI		U) UTILITY (MISCELLANEOUS)			
(F-2) FACTORY (LOW HAZARD)	(I-4) INSTITUTIONAL 4 (DAY	(CARE 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 school addition, replace 5 exterior doors, renovate basement in a residence, etc.						
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Building Data						
A. Type of Mechanical						
WILL THERE BE FIRE SUPPRESSION? ☐ YES ☐ NO						
B. Type of Construction						
1A - Non Combustible (Protected Structural Elements) 3HR						
C. Dimensions / Data						
FLOOR AREA: EXISTING	ALTE	ERATIONS	NEW			
BASEMENT						
1ST & 2ND FLOOR						
3RD - 10TH FLOOR						
11TH - ABOVE						
TOTAL AREA						
D. Number of Off Street Parking	g Spaces					
ENCLOSED		OUTDOOR	S			
Local Governmental Agency to	Complete This Section	1				
	ENVI	RONMENTAL CONTR	OL APPROVALS			
	REQUIRED?	APPROVED	DATE	NUMBER	ВҮ	
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 - Sewer	☐ Yes ☐ No					
I - Variance Granted	☐ Yes ☐ No					
J - Other	☐ Yes ☐ No					
ALL APPLICATIONS MUST INCLUDE COPY OF: - Builder's License - Certificate of Liability Insurance - Copy of Workman's Comp Insurance, if applicable - Driver's License of builder or company Affidavit of Authorization						

IX. Site or Plot Plan - For Applicant Use

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City of Marine City
Building Department
260 S. Parker St.
Marine City, MI 48039
(810) 765-9011
buildingdepartment@cityofmarinecity.org

Contractor Registration

Electrical Fee: \$25.00 Mechanical Fee: \$25.00

Plumbing Fee: \$25.00

Residential Contractor Fee: \$25.00

Date:		
Licensee Name:	Licensee Phone:	
License Number:	Fed Tax ID:	
Business Name:		
Business Address:		
Business Phone:	Business Email:	
Qualifying Officer:		
Registration Applicant:		
Workers Comp Insurance Carrier (or rea	ason for exemption):	
MESC Employer No. (or reason for exer	nption):	
Comments:		
Only the following persons will be allow	ved to obtain permits:	
Signature:	Print Name:	
Signature:	Print Name:	