



**ARENAC COUNTY BUILDING DEPARTMENT**  
**APPLICATION FOR BUILDING PERMIT & PLAN EXAMINATION**

P.O. Box 724 \* 120 N. Grove Street \* Standish, MI 48658  
 Phone: 989-846-9791 \* Fax: 989-846-9188

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: APPLICATION MUST BE COMPLETED, SIGNED PROPER FEE ENCLOSED OR PERMIT  
 WILL NOT BE ISSUED.

ARENAC COUNTY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR  
 GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN,  
 COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS. THIS  
 INSTITUTION IS AN EQUAL OPPORTUNITY

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI, VII, XI & SITE PLAN PAGE**  
**NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THIS DEPARTMENT FOR ELECTRICAL, MECHANICAL & PLUMBING WORK PERMITS.**

**I. PROPERTY TAX IDENTIFICATION #** \_\_\_\_\_

**ARE YOU BUILDING WITHIN 500 FEET OF A LAKE, STREAM OR WATERWAY?**    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**II. LOCATION OF PROJECT**  
 Address: \_\_\_\_\_

City / Village \_\_\_\_\_ Zip Code \_\_\_\_\_ Township \_\_\_\_\_

Directions to site \_\_\_\_\_

**III. OWNER OR LESSEE IDENTIFICATION**  
 Owner or Lessee (circle one) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ City, State, Zip  
 (cell) \_\_\_\_\_

**IV. CONTRACTOR**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Business # / Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Builder License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal Employer ID number or reason for exemption \_\_\_\_\_  
 Worker's Comp Insurance Carrier or reason for exemption \_\_\_\_\_  
 MESCC Employer number or reason for exemption \_\_\_\_\_

**V. ARCHITECT OR ENGINEER INFORMATION**  
 Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**VI. TYPE OF IMPROVEMENT & PLAN REVIEW**

**A. TYPE OF IMPROVEMENT**

<input type="checkbox"/> NEW RESIDENCE (STICK BUILT)	<input type="checkbox"/> GARAGE	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> MOBILE OR MANUFACTURED HOME SET-UP	<input type="checkbox"/> ADDITION	<input type="checkbox"/> DECK
<input type="checkbox"/> STATE APPROVED (MODULAR) HOME	<input type="checkbox"/> ALTERATIONS / REPAIR	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> ACCESSORY BUILDING OR POLE BARN	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> OTHER

**B. REVIEW(S) TO BE PERFORMED- ALL COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS**

<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FOUNDATION ONLY	

**VII. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- ONE FAMILY                       ATTACHED GARAGE                       DETACHED GARAGE                       ACCESSORY STRUCTURE / POLE BARN  
IS THERE REINFORCEMENT ROD?  YES                       NO  
 TWO OR MORE FAMILY  
NUMBER OF UNITS \_\_\_\_\_  
 OTHER

**B. NON-RESIDENTIAL / ANY COMMERCIAL WORK MAY REQUIRE ENGINEERED PRINTS**

- AMUSEMENT                       SERVICE STATION                       SCHOOL, LIBRARY, EDUCATIONAL                       CHURCH, RELIGION  
 INDUSTRIAL                       PARKING GARAGE                       PUBLIC UTILITY                       HOSPITAL, INSTITUTIONAL  
 STORE, MERCANTILE                       TANKS, TOWER                       OFFICE, BANK, PROFESSIONAL                       OTHER

**NON-RESIDENTIAL: DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, I.E. 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. SELECTED CHARACTERISTICS OF BUILDING.**

**A. PRINCIPAL TYPE OF FRAME**

- WOOD FRAME     STRUCTURAL STEEL BEARING     OTHER \_\_\_\_\_  
 MASONRY, WALL BEARING     REINFORCED CONCRETE

**B. PRINCIPAL TYPE OF HEATING FUEL**

- GAS     OIL     ELECTRICITY  
 COAL     OTHER

**C. PRINCIPAL TYPE OF SEWAGE DISPOSAL**

- PUBLIC OR PRIVATE COMPANY     SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

- PUBLIC OR PRIVATE COMPANY     PRIVATE WELL, TANKS OR CISTERN

**E. TYPE OF MECHANICAL**

- WILL THERE BE AIR CONDITIONING?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO  
WILL THERE BE AN ELEVATOR?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO  
WILL THERE BE FIRE SUPPRESSION?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**F. DIMENSIONS / DATA**

NUMBER OF STORIES \_\_\_\_\_

FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____ DIMENSIONS OR SQUARE FEET
1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR	_____	_____	_____ DIMENSIONS OR SQUARE FEET
3 RD-10 <sup>TH</sup>	_____	_____	_____ DIMENSIONS OR SQUARE FEET
11 <sup>TH</sup> -ABOVE	_____	_____	_____ DIMENSIONS OR SQUARE FEET
GARAGE / POLE BARN	_____	_____	_____ DIMENSIONS OR SQUARE FEET
DECK AREA	_____	_____	_____ DIMENSIONS OR SQUARE FEET

**G. NUMBER OF OFF-STREET PARKING SPACES**                      \_\_\_\_\_ ENCLOSED                      \_\_\_\_\_ OUTDOORS

**XI. APPLICANT INFORMATION**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THE APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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.**

**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.**

**SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_**

**GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

		REQUIRED?	<input checked="" type="checkbox"/> APPROVED	DATE	NUMBER	AUTHORIZATION SIGNATURE
A.	ZONING					
B.	FLOOD ZONE	YES OR NO? (circle one)				
C.	SOIL EROSION					
D.	WATER SUPPLY					
E.	SEPTIC SYSTEM					
F.	FIRE DISTRICT					
G.	NOISE CONTROL					
H.	VARIANCE GRANTED					
I.	OTHER					

**VALIDATION- FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_

SQUARE FEET \_\_\_\_\_

NUMBER OF INSPECTIONS \_\_\_\_\_ RESIDENTIAL PLAN REVIEW INCLUDED

CODE CYCLE \_\_\_\_\_ MRC MBC (CIRCLE ONE)

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

**FOR APPLICANT USE- SITE OR PLOT PLAN- - SKETCH AN AERIAL VIEW OF THE BUILDING SITE INCLUDING ROAD FRONTAGE, EXISTING BUILDINGS AND DRIVEWAYS ETC.**



NORTH

