MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY
211 W Main St -- P.O. Box: 368, Stanton, MI 48888
989-831-7394 -- Email: building@montcalmcountymi.gov

Building Permit Application

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

This section for office use only

Application Received Date: **Project Number:** **Permit Number:**

(REQUIRED) JOB LOCATION

Site Address	*City/Village*	*Township*
Parcel/Tax I.D. No.	*Lot/Unit Number*	*Plat or Condominium Name*

(REQUIRED) OWNER / LESSEE CONTACT INFORMATION

First Name, Last Name			*Phone Number 1*
Mailing Address:			*Phone Number 2*
City	*State*	*Zip*	*Email Address*

CONTRACTOR INFORMATION

First Name, Last Name, or Business Name			*Phone Number 1*
Mailing Address:			*Phone Number 2*
City		*State*	*Zip*
Contractor Lic. Number	*Tax ID Number*	*MESC*	*Workers Comp Insurance*
Contractor License Name	*License Exparation Date*		*Email Address*
Mailing Address	*City*	*State*	*Zip*

ARCHITECT, ENGINEER, DESIGNER INFORMATION (Homeowner, Builder, Lumber Company, Design Company, Etc.)

First Name, Last Name, or Business Name		*Phone Number 1*
Mailing Address:		*Phone Number 2*
City	*State*	*Zip*
License Number	*Email Address*	

(REQUIRED) APPLICANT SIGNATURE

Appliant is responsible for payment of all applicable fees and charges to this application, and must provide the signatures below

I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to make this authorized application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge. It shall be the duty of the holder of the building permit or their duly authorized agent to notify the building official when work is ready for inspection. It shall be the duty of the permit holder to provide access to and means for inspections of such work that are requiredby this code. When the applicant is a contractor, the owner signature is required in the "Owner Signature" space provided below. In lieu of the owner signature, other documentation verifying approval by the owner for the construction to occur under this permit may be accepted at the discreetion of the department staff.

Applicant Signature	*Print Name*	*Date*
Drivers License/State ID #	*Date of Birth*	

BUILDING OWNER AFFIDAVIT / OWNER SIGNATURE

I hereby authorize the Licensed Contractor noted above, to perform the work as described on page 2 of this application, at the job location shown above… or …

I hereby certify that the work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy.
Section 23A of the StateConstruction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523A of the Michigan Complied Laws, 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.
It shall be the duty of the holder of the building permit or their duly authorized agent to notify the building official when work is ready for inspection.

Building Owner Signature	*Print Name*	*Date*

(REQUIRED) WRITTEN DESCRIPTION OF WORK

(REQUIRED) TYPE OF IMPROVEMENT

☐ New Building	☐ Change in Use	☐ Demolition
☐ Addition	☐ Moving / Relocation	☐ Other:_____
☐ Foundation Only	☐ Manufactured Home Set Up	ESTIMATED CONSTRUCTION COST: $
☐ Special Inspection	☐ Alteration	OFFICE USE COST: $

(REQUIRED) PROPOSED USE OF BUILDING

Michigan Residential Code Use

☐ One Family - # of Bedrooms:_____	☐ Storage Building	☐ Garage ☐ Attached ☐ Unattached
☐ Two Family - # of Bedrooms:_____	☐ State Approved / Modular	☐ Other:_____
☐ Townhouse - # of stories:_____	☐ 1976 or Newer Mobile Home / HUD Sectional	-- *Year of Mobile Home:*_____

Michigan Building Code Commercial and Multi-Unit Residential Use

☐ Assembly, Restaurant, Lounge. Etc.	☐ Hazardous Materials	☐ Parking or Service Garage
☐ Business, Office, Salon, Etc.	☐ Hotel / Motel - # of Units:_____	☐ Storage, Warehouse, Etc.
☐ Church, Religious, Etc.	☐ Institutional	☐ Cell Tower, Wind Turbine, Etc.
☐ Educational, School, Etc.	☐ Mercantile	☐ Agricultural
☐ Factory, Industrial, Etc.	☐ Multi-Family - # of Units:_____	☐ Other:_____

Describe proposed use of building (Commercial and Multi Unit Residential):

(REQUIRED) BUILDING INFORMATION DATA

Foundation Information	Principal Type of Frame	Principal Heating Fuel	Type of Sewage Disposal	Type of Water Supply
☐ Slab on Grade	☐ Wood Frame	☐ Propane	☐ Public Sewer System	☐ Public Water Supply
☐ Piers	☐ Masonry	☐ Natural Gas	☐ Private Community System	☐ Private Community Supply
☐ Crawl Space	☐ Concrete	☐ Fuel Oil	☐ Private Septic System	☐ Private or Shared Well
☐ Partial Basement	☐ Steel Frame	☐ Electricity		
☐ Full Basement	☐ Pole Building	☐ Wood / Pellet		
☐ Other:	☐ Other:	☐ Other:		

Building Dimensions:

Building Width = _____ Building Height = _____ Total Square Feet = _____

Building Length = _____ Number of Stories = _____

(REQUIRED) Is There a County Drain Easement on This Property? YES or NO *(If yes indicate which drain and its setbacks in the box below)*

(Required) Distance to Nearest Lake, Stream, Wetland: Wetlands on your property? ☐ Yes ☐ NO

Agency Type Permit - *Required?*			**Permit Type** - *Required?*		
Zoning	☐ YES	☐ NO	Soil Erosion	☐ YES	☐ NO
Septic	☐ YES	☐ NO	Wet Lands	☐ YES	☐ NO
Well	☐ YES	☐ NO	Variance	☐ YES	☐ NO
Driveway	☐ YES	☐ NO	Other	☐ YES	☐ NO
Address	☐ YES	☐ NO			

Permit Type

Complete Demolition requires the following

Verification of Disconnect from applicable utilities

☐ Electrical Disconnect ☐ Sewer Disconnect

☐ Water Service Disconnect ☐ Gas / Fuel Disconnect

The Montcalm County Construction Ordinance for Non-Zoned Townships does not allow for more than one residential structure (home) on a parcel without a variance.

Sigature: Date:

Number of residential structures on property:

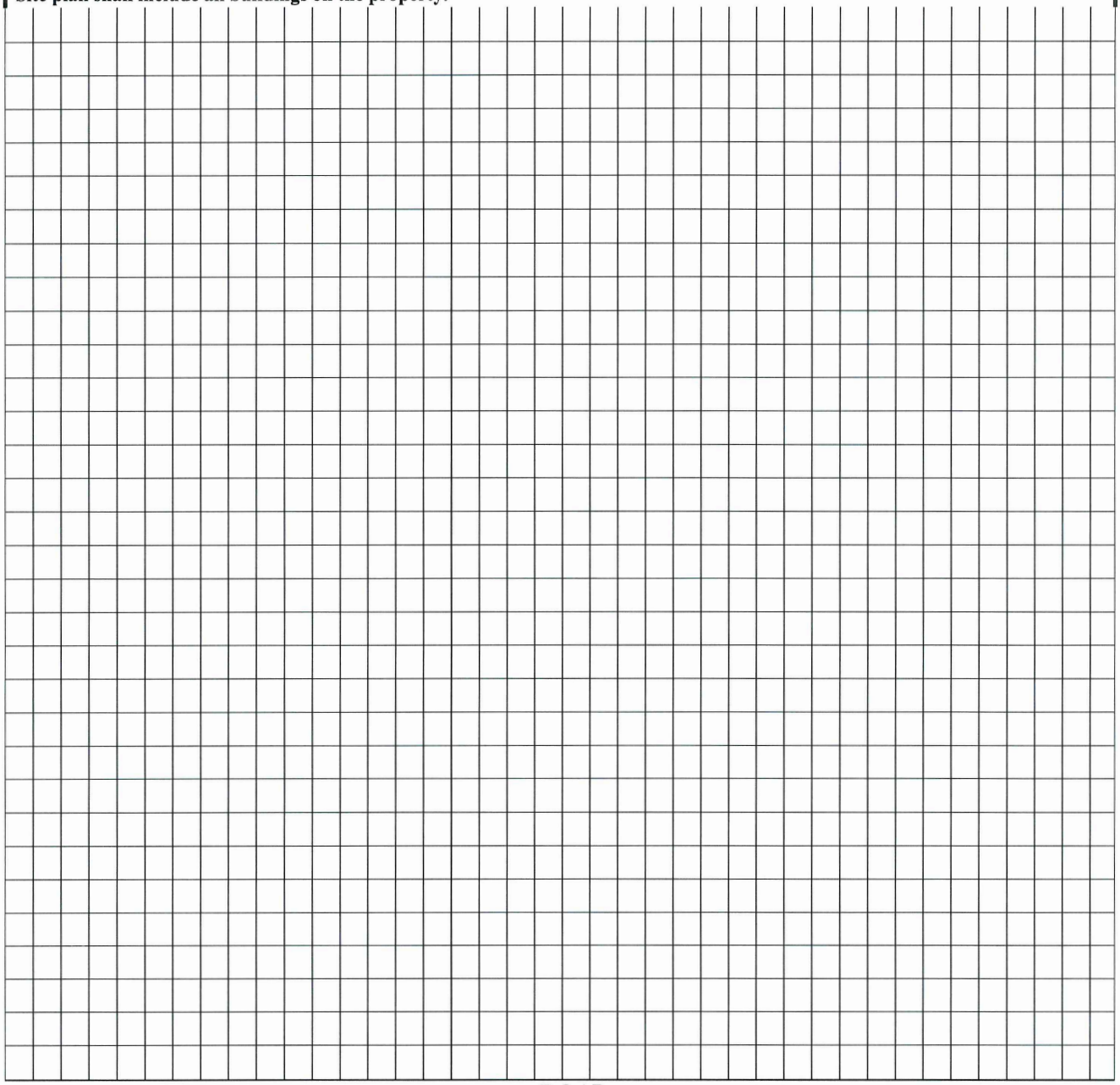
NOTE: If you start work prior to obtaining a permit:
First time: Double the permit fee (at least $250).
Second time or more: Four times the permit fee (at least $500).

(REQUIRED) Must include Lakes, Rivers, Streams, Wetlands, and County Drains

SITE OR PLOT PLAN – MUST BE FILLED IN BY APPLICANT – OR ATTACH COPY

All site plans shall show the location of the septic system and well or provide approval from the MMDHD (health dept.)

Site plan shall include all buildings on the property.



ROAD (draw location of driveway)

Name of Road:_____

Distance in feet from edge of construction to property line:

FRONT from road R.O.W. _____ **REAR** _____

LEFT SIDE LINE _____ **RIGHT SIDE** _____

Montcalm County Building Department

211 W Main / Box 368 / Stanton, Michigan 48888

Phone: 989-831-7394 - Fax: 989-831-7392 - Email: building@montcalmcountymi.gov

Home Owner Permit Policy

The Michigan Licensing Law gives a homeowner an exemption to act as his or her own general contractor. This means that in the case of his or her own single-family residence, that they will occupy, the homeowner may obtain a building permit for construction at his or her own home. Even though a licensed or unlicensed builder may be significantly involved.

If you, the homeowner, choose to act as your own general contractor and obtain the required building permit, **please be aware of the following.**

AS THE PERMIT HOLDER YOU, THE HOMEOWNER, INCUR ALL OF THE LIABILITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMALLY ASSUME.

1. The Montcalm County Building Department cannot assist you in any cause of action against an unlicensed contractor you have hired to perform work under the Building Permit you obtained.

2. It is the HOMEOWNERS responsibility to have a complete understanding and knowledge of the current Building Code.

3. You, the homeowner, are responsible to correct any code violations. Even if the contractor or any other persons did the work, under the permit you obtained.

4. You, the homeowner, could be held liable for any injury, which occurs on the job, whether it is the builder or subcontractor's employee.

5. In the event of an occurrence beyond the builders control, which causes the builder to be unable to complete the work, you, the homeowner, will be legally responsible for completion of the job, under the permit you obtained

I, _____, have read and understand the above information and
(Print name)
still wish to obtain the required Building Permit.

_____ _____
(Signature) (Date)

FOR DEPARTMENT USE ONLY

ENVORONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY:
ZONING APPROVAL					
ADDRESS - *Equalization copy required*					
DRIVEWAY PERMIT					
PLANS / PRINTS					
SOIL EROSION PERMIT					
FLOOD ZONE					
WATER SUPPLY PERMIT					
SEPTIC SYSTEM PERMIT					
VARIANCE GRANTED					
RES-CHECK					
OTHER					

USE GROUP:	SQUARE FEET:
TYPE OF CONSTRUCTION:	NUMBER OF INSPECTIONS:

PERMIT FEES

BUILDING PERMIT	
BASE FEE	
FOUNDATION	
GARAGE / POLE BUILDING	
DECK FEE	
BUILDING ROOF	
MODULAR BUILDING	
SINGLE FAMILY	
BUILDING FLAT RATE	
ADDITIONAL PERMITS	
ELECTRICAL	
PLUMBING	
MECHANICAL	
SOIL EROSION	
TOTAL:	

Permit Issued by:	Date:

RESET FORM **SUBMIT FORM**