

**CHEBOYGAN COUNTY  
DEPARTMENT OF BUILDING SAFETY**

870 South Main Street • P.O. Box 70  
Cheboygan, Michigan 49721  
Telephone: (231) 627-8813 • Fax: (231) 627-8454

**BUILDING PERMIT  
APPLICATION**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Building Permit Number

**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR  
PLUMBING, MECHANICAL AND ELECTRICAL PERMITS**



**I. JOB LOCATION:**

Name		Property Tax I.D. No.	
Site Address	City/ Village	Township	Section
Directions to Site			

**II. IDENTIFICATION:**

<b>Owner or Lessee</b>				
Name		Mailing Address		
City	State	Zip	Telephone Number	Fax Number
<b>Architect or Engineer</b>				
Name		Mailing Address		
City	State	Zip	Telephone Number	Fax Number
License Number			Expiration Date	
<b>Contractor</b>				
Name		Mailing Address		
City	State	Zip	Telephone Number	Fax Number
Email	Builders License Number		Expiration Date	
Federal Employer ID Number	MESC Employer Number	Workmans Comp Insurance Carrier		
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 required by this code.				
Contractor Signature			Date	

**III. HOMEOWNER AFFIDAVIT:**

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 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 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. It shall be the duty of the permit holder to provide access to and means for inspections of such work that are required by this code.	
Homeowner Signature	Date

**COMPLETE APPLICATION ON BACKSIDE**

#### IV. OTHER REQUIRED PERMITS AND APPROVALS

The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction.

	Required?	Approved	Number	Approved By
Zoning	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Septic	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Well	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Drive/Culvert	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Soil Erosion	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Wetlands	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Variance	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO			

#### V. TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration/ Remodel	<input type="checkbox"/> Setting Only	<input type="checkbox"/> Moving/ Relocation
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair/ Replacement	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Other

#### VI. PROPOSED USE OF BUILDING

Residential	Non-Residential	Estimated Cost Of Project
<input type="checkbox"/> One Family, No. Bedrooms: _____	<input type="checkbox"/> Assembly	\$ _____
<input type="checkbox"/> Multi-Family, No. Units: _____	<input type="checkbox"/> Business	
<input type="checkbox"/> Hotel/ Motel, No. Units: _____	<input type="checkbox"/> Educational	
<input type="checkbox"/> Mobile Home/ HUD Sectional	<input type="checkbox"/> Factory	
<input type="checkbox"/> BOCA Modular	<input type="checkbox"/> Institutional	
<input type="checkbox"/> Garage: <input type="checkbox"/> Attached <input type="checkbox"/> or Unattached	<input type="checkbox"/> Mercantile	
<input type="checkbox"/> Pole Building <input type="checkbox"/> or Storage Building	<input type="checkbox"/> Storage	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Utility/ Miscellaneous	

DESCRIBE PROPOSED USE(S) OF BUILDING:

#### VII. BUILDING INFORMATION DATA/ DIMENSIONS:

<b>Dimensions:</b>		<b>Foundation Area:</b>
Foundation _____	Garage _____	<input type="checkbox"/> Crawl Space
1st Floor _____	Porch _____ Covered Y or N	<input type="checkbox"/> Slab
2nd Floor _____	Deck _____ Covered Y or N	<input type="checkbox"/> Piers
Other _____		<input type="checkbox"/> Basement
No. of Stories _____	Total Area _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Walkout

#### VIII. VALIDATION - FOR DEPARTMENT USE ONLY

Building Permit Fee	\$ _____	Construction Type	_____
Plan Review Fee	\$ _____	Use Group	_____
<b>Total Amount Due</b>	<b>\$ _____</b>	Approved By:	_____
Number of Inspections	_____	Date:	_____

Additional inspections will result in a \$50.00 fee per inspection.  
An invoice will be faxed or mailed.