

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

**CITY OF MACKINAC ISLAND**

**CITY HALL**

**Box 455 – Market Street**

**Mackinac Island, MI 49757**

AUTHORITY:	P.A. 230 OF 1972, AS AMENDED
COMPLETION:	MANDATORY TO OBTAIN PERMIT
PENALTY:	PERMIT WILL NOT BE ISSUED

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI**  
**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE		
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER:				
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION:				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. <input type="checkbox"/> NEW BUILDING    3. <input type="checkbox"/> ALTERATION    5. <input type="checkbox"/> DEMOLITION    7. <input type="checkbox"/> FOUNDATION ONLY    9. <input type="checkbox"/> RELOCATION				
2. <input type="checkbox"/> ADDITION    4. <input type="checkbox"/> REPAIR    6. <input type="checkbox"/> MOBILE HOME SET-UP    8. <input type="checkbox"/> PREMANUFACTURE    10. <input type="checkbox"/> SPECIAL INSPECTION				
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FOUNDATION				

IV. PROPOSED USE OF BUILDING		COST OF IMPROVEMENT - \$	
<b>A. RESIDENTIAL</b>			
1. ___ ONE FAMILY	3. ___ HOTEL, MOTEL NO. OF UNITS___	5. ___ DETACHED GARAGE	
2. ___ TWO OR MORE FAMILY NO. OF UNITS___	4. ___ ATTACHED GARAGE	6. ___ OTHER	
<b>B. NON-RESIDENTIAL</b>			
7. ___ AMUSEMENT	11. ___ SERVICE STATION	15. ___ SCHOOL,LIBRARY,EDUCATIONAL	
8. ___ CHURCH,RELIGION	12. ___ HOSPITAL,INSTITUTIONAL	16. ___ STORE,MERCHANTILE	
9. ___ INDUSTRIAL	13. ___ OFFICE,BANK,PROFESSIONAL	17. ___ TANKS,TOWERS	
10. ___ PARKING GARAGE	14. ___ PUBLIC UTILITY	18. ___ OTHER	

NONRESIDENTIAL – DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. 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:

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V. SELECTED CHARACTERISTICS OF BUILDING			
<b>A. PRINCIPAL TYPE OF FRAME</b>			
1. ___ MASONRY, WALL BEARING	2. ___ WOOD FRAME	3. ___ STRUCTURAL STEEL	4. ___ REINFORCED CONCRETE 5. ___ OTHER
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>			
6. ___ GAS	7. ___ OIL	8. ___ ELECTRICITY	9. ___ COAL 10. ___ OTHER
<b>C. TYPE OF SEWAGE DISPOSAL</b>			
11. ___ PUBLIC OR PRIVATE COMPANY		12. ___ SEPTIC SYSTEM	
<b>D. TYPE OF WATER SUPPLY</b>			
13. ___ PUBLIC OR PRIVATE COMPANY		14. ___ PRIVATE WELL OR CISTERN	
<b>E. TYPE OF MECHANICAL</b>			
15. ___ WILL THERE BE AIR CONDITIONING? ___ YES ___ NO		16. ___ WILL THERE BE FIRE SUPPRESSION? ___ YES ___ NO	
<b>F. DIMENSIONS/DATA</b>			
17. NUMBER OF STORIES _____	21. FLOOR AREA:      EXISTING      ALTERATIONS      NEW		
18. USE GROUP _____	BASEMENT      _____      _____      _____		
19. CONST. TYPE _____	1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR      _____      _____      _____		
20. NO. OF OCCUPANTS _____	3 <sup>RD</sup> – 10 <sup>TH</sup> FLOOR      _____      _____      _____		
	11 <sup>TH</sup> – ABOVE      _____      _____      _____		
	TOTAL AREA      _____      _____      _____		
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>			
22. ENCLOSED _____		23. OUTDOORS _____	

<b>VI. APPLICANT INFORMATION</b>			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			

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 a residential structure. Violators of section 23a are subjected to civil fines.

<i>SIGNATURE OF APPLICANT</i>	<i>DATE</i>
PLAN REVIEW FEE ENCLOSED \$ _____	BUILDING PERMIT FEE ENCLOSED \$ _____

<b>VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION</b>					
ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
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 – SEPTIC SYSTEM	__ YES __ NO				
I – VARIANCE GRANTED	__ YES __ NO				
J – OTHER	__ YES __ NO				

<b>VII. VALIDATION – FOR DEPARTMENT USE ONLY</b>	
USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	

APPROVAL SIGNATURE	
TITLE	DATE