



APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

KEWEENAW COUNTY
 ZONING/CONSTRUCTION CODES DEPARTMENT
 5095 Fourth Street
 EAGLE RIVER, MI 49950

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.	THE COUNTY OF KEWEENAW 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 SELECTION I, II, III, IV, V, AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE KEWEENAW COUNTY
 BUILDING DEPARTMENT FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. LOCATION OF BUILDING			
ADDRESS		LOT #	
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. ARCHITECT OR ENGINEER			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER		EXPIRATION DATE	
C. CONTRACTOR			
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> WRECKING	7. <input type="checkbox"/> FOUNDATION ONLY
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE
		9. <input type="checkbox"/> RELOCATION	10. <input type="checkbox"/> SIGN
A. REVIEW(S) TO BE PERFORMED			
<input type="checkbox"/> BUILDING			

IV. PROPOSED USE FOR BUILDING

A. RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE

1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL (NO. OF UNITS _____)	5. <input type="checkbox"/> DETACHED GARAGE
2. <input type="checkbox"/> TWO OR MORE FAMILY (NO. OF UNITS _____)	4. <input type="checkbox"/> ATTACHED GARAGE	6. <input type="checkbox"/> OTHER

B. NON-RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE

7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCANTILE
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> 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 OR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT, IF USE EXISTING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERSTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER
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B. PRINCIPAL TYPE OF HEATING FUEL

6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER
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C. TYPE OF SEWAGE DISPOSAL

11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	12. <input type="checkbox"/> SEPTIC SYSTEM
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D. TYPE OF WATER SUPPLY

13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	14. <input type="checkbox"/> PRIVATE WELL OR CISTERN
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E. TYPE OF MECHANICAL

15. <input type="checkbox"/> WILL THERE BE AIR CONITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. <input type="checkbox"/> WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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F. DIMENSIONS

17. NUMBER OF STORIES _____	18. FLOOR AREA: BASEMENT _____
	1ST FLOOR _____
	2ND FLOOR _____
	ABOVE FLOOR _____
TOTAL LAND AREA (SQUARE FEET) _____	TOTAL AREA _____

G. NUMBER OF STREET PARKING SPACES

19. ENCLOSED _____	20. OUTDOORS _____
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VI. APPLICANT INFORMATION

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 AUTHORIZED AGENT, AND WE AGREE TO CONFIRM 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, 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 REQUIREMENT OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

FEE ENCLOSED \$	OR STATE ACCOUNT NUMBER
SIGNATURE OF APPLICANT	

VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
A - CRITICAL DUNE	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

NOTES AND DATA

BUILDING PERMIT NUMBER
ISSUE DATE
PERMIT FEE

