

# BUILDING PERMIT

## BUILDING DEPARTMENT

P.O. Box 662  
Schoolcraft, MI 49087  
(269) 679-4900  
(800) 627-2801

Date     /    /      
Jurisdiction of: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_  
**Accessory/detached structures and demolition**

Job Address: \_\_\_\_\_ Property tax I.D. No.: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Permit Determinant: \_\_\_\_\_  
Use Group: \_\_\_\_\_ Owner: \_\_\_\_\_ ( ) \_\_\_\_\_ phone  
Type Const.: \_\_\_\_\_ Address: \_\_\_\_\_  
Basic Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Contractor: \_\_\_\_\_ ( ) \_\_\_\_\_ phone  
No. Floors: \_\_\_\_\_ Bldg. Height: \_\_\_\_\_ Address: \_\_\_\_\_

### PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- |  |   |
|--|---|
| <input type="checkbox"/> Sq. ft. shed                          | <input type="checkbox"/> cement slab & thickened edge |
| <input type="checkbox"/> Sq. ft. pole building                 | <input type="checkbox"/> cement slab (3 1/2" - 4")    |
| <input type="checkbox"/> Sq. ft. pool                          | <input type="checkbox"/> dirt floor                   |
| <input type="checkbox"/> Sq. ft. unattached frame garage       | <input type="checkbox"/> trusses _____ "O.C.          |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> rafters _____ "O.C.          |
| <input type="checkbox"/> Sq. ft. demolition                    | <input type="checkbox"/> metal roof                   |
| <input type="checkbox"/> Sq. ft. basement                      | <input type="checkbox"/> asphalt shingles             |
| <input type="checkbox"/> Sq. ft. crawl space                   | <input type="checkbox"/> metal exterior               |
| <input type="checkbox"/> Sq. ft. deck                          | <input type="checkbox"/> aluminum exterior            |
| <input type="checkbox"/> Sq. ft. porch                         | <input type="checkbox"/> brick exterior               |
| <input type="checkbox"/> Sq. ft. sign                          | <input type="checkbox"/> block exterior               |
| <input type="checkbox"/> Lineal ft. fence                      | <input type="checkbox"/> wood exterior                |
| <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Number windows _____         |
|  | <input type="checkbox"/> Number garage doors _____    |

**COST OF PERMIT:** \$ \_\_\_\_\_  
**Building Dept.**  
**By:** \_\_\_\_\_  
Make Checks Payable to:

Contractor		Phone ( )		
Address		City	State	Zip
Federal ID No./Social Security no.		MESC Employer No.		
License No.	Expiration Date	Worker's Disability Compensation Carrier		

If exempt from any of the above, explain here:

**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.**

### HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### AGENT'S/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE INFORMATION ON BACK OF THIS PAGE**