



MECOSTA COUNTY BUILDING DEPARTMENT

14485 NORTHLAND DRIVE
BIG RAPIDS, MI 49307
231.592.0105 FAX 231.592.0176

PERMIT NUMBER: _____

APPLICATION FOR BUILDING AND ZONING CLEARANCE PERMITS

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLIANCE: 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, VI, VII, VIII AND X (MECOSTA COUNTY ZONING ONLY)

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

I. PROJECT INFORMATION			
PARCEL NUMBER:	TOWNSHIP:	SECTION # :	
ADDRESS:	CITY:	ZIP CODE:	
BETWEEN:	AND:		
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME:	ADDRESS:		
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
B. ARCHITECT OR ENGINEER			
NAME:	ADDRESS:		
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
LICENSE NUMBER:	EXPIRATION DATE:		
C. CONTRACTOR <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> D/B/A <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST			
NAME:	ADDRESS:		
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
BUILDERS LICENSE NUMBER:	EXPIRATION DATE:	CELL PHONE NUMBER:	
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			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 4. ALTERATION	<input type="checkbox"/> 6. DEMOLITION	<input type="checkbox"/> 8. PREMANUFACTURE STATE APPROVED
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 5. REPAIR	<input type="checkbox"/> 7. FOUNDATION ONLY	<input type="checkbox"/> 9. RELOCATION <input type="checkbox"/> 10. SPECIAL INSPECTION
<input type="checkbox"/> 3. MOBILE HOME SET-UP: MAKE _____ YEAR _____ SIZE _____ X _____			
MOBILE HOME FOUNDATION TYPE: <input type="checkbox"/> NON-PERMANENT CONCRETE SLAB <input type="checkbox"/> PERMANENT <input type="checkbox"/> PIER			
TIE-DOWN MANUFACTURER: _____ MODEL NO: _____			

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. ONE FAMILY | <input type="checkbox"/> 6. HOTEL, MOTEL 213 | <input type="checkbox"/> 11. OTHER |
| <input type="checkbox"/> 2. ONE FAMILY ATTACHED 102 | <input type="checkbox"/> 7. ATTACHED GARAGE 438 | <input type="checkbox"/> 12. DEMO _____ |
| <input type="checkbox"/> 3. TWO FAMILY 103 | <input type="checkbox"/> 8. DETACHED GARAGE/ASSESORY BUILDING 438 | |
| <input type="checkbox"/> 4. TWO TO FOUR FAMILY 104 | <input type="checkbox"/> 9. RESIDENTIAL ADDITION 434 | |
| <input type="checkbox"/> 5. FIVE OR MORE FAMILY 105 | <input type="checkbox"/> 10. SINGLE WIDE MANUFACTURED HOME 720 | |

B. NON-RESIDENTIAL

- | | | |
|---|---|---|
| <input type="checkbox"/> 13. AMUSEMENT 318 | <input type="checkbox"/> 17. SERVICE STATION 322 | <input type="checkbox"/> 21. SCHOOL, LIBRARY, EDUCATIONAL 326 |
| <input type="checkbox"/> 14. CHURCH, RELIGION 319 | <input type="checkbox"/> 18. HOSPITAL, INSTITUTIONAL 323 | <input type="checkbox"/> 22. STORE, MERCANTILE 327 |
| <input type="checkbox"/> 15. INDUSTRIAL 320 | <input type="checkbox"/> 19. OFFICE, BANK, PROFESSIONAL 324 | <input type="checkbox"/> 23. TANKS, TOWERS 328 |
| <input type="checkbox"/> 16. PARKING GARAGE 321 | <input type="checkbox"/> 20. PUBLIC UTILITY 325 | <input type="checkbox"/> 24. OTHER (SIGN) 329 |

NON-RESIDENTIAL: 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.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

B. PRINCIPAL TYPE IF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM (HEALTH PERMIT REQUIRED)

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN (HEALTH PERMIT REQUIRED)

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

17. NUMBER OF STORIES: _____				DEPARTMENT USE ONLY
18. FLOOR AREA SQUARE FOOT:	EXISTING	ALTERATIONS	NEW	
FINISHED BASEMENT	_____	_____	_____	
UNFINISHED BASEMENT	_____	_____	_____	
1ST FLOOR	_____	_____	_____	
2ND FLOOR	_____	_____	_____	
3RD - 10TH FLOOR	_____	_____	_____	
GARAGE/ACCESSORY	_____	_____	_____	
DECK	_____	_____	_____	
SWIMMING POOL (SURFACE)	_____	_____	_____	
OTHER	_____	_____	_____	
TOTAL AREA	_____	_____	_____	

VI. SELECT CHARACTERISTICS OF SITE

19. IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100 YEAR FLOODPLAIN? YES NO
20. IS PROJECT WITHIN 500 FOOT OF A LAKE, STREAM, OR COUNTY DRAIN? YES NO

VII. 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 NUMBER	
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ADDRESS	CITY	STATE	ZIP CODE
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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 THE APPLICATION AS HIS/HER 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, 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.

Expiration of Permit: Permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work has not begun within 6 mos. after issuance or if the authorized work is suspended or abandoned for a period of 6 mos. after the work has begun. **A permit will be cancelled when no inspections are requested and conducted within 6 mos. of the issued date or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.**

SIGNATURE OF APPLICANT	DATE:
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VIII. DIRECTIONS TO JOB SITE

Blank area for directions to job site.

IX. VALIDATION-FOR DEPARTMENT USE ONLY

USE GROUP	_____	BASE VALUE	_____
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TYPE OF CONSTRUCTION	_____	TOTAL PROJECT SQUARE FEET	_____
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PROJECT DESCRIPTION _____

APPROVAL SIGNATURE

TITLE Code Official	DATE
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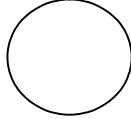
X. ZONING SITE PLAN - MECOSTA COUNTY ZONING ONLY (Please read carefully and complete)

Using the space provided, or on a separate sheet of paper, draw a diagram showing all of the following items:

- 1. THE DIMENSIONS OF THE LOT OR ACREAGE (ALL SIDES).
- 2. THE LOCATION, WITH DISTANCE TO LOT LINES, OF ALL EXISTING AND PROPOSED STRUCTURES.
- 3. THE DIMENSIONS OF ALL EXISTING AND PROPOSED STRUCTURES.
- 4. THE DISTANCE BETWEEN ALL EXISTING STRUCTURES.
- 5. THE LOCATION OF ALL ROADS BORDERING OR ON THE PROPERTY.
- 6. THE LOCATION OF ANY POWER AND GAS LINES ON THE PROPERTY.
- 7. THE LOCATION OF ANY LAKES, RIVERS, STREAMS, OR WETLANDS ON OR NEAR THE PROPERTY.
- 8. THE LOCATION OF ANY EASEMENTS ON THE PROPERTY.
- 9. LOWEST FINISHED FLOOR ELEVATION IF IN FLOOD PLAIN.

SITE OR PLOT-FOR APPLICANT USE

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE.



(ATTACH ADDITIONAL SHEET IF NECESSARY.)

BUILDING SETBACKS (FRONT SETBACK, AS MEASURED IN FEET, FROM THE ROAD RIGHT OF WAY.)

FRONT: _____ SIDE: _____ SIDE: _____ REAR: _____

CAMPING PERMIT REQUEST

HEALTH DEPARTMENT USE ONLY

CAMPER LICENSE PLATE # _____

APPROVED : _____ DENIED: _____

STATE ISSUED BY: _____

BY: _____ DATE: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT, AND THAT ALL USES FOR WHICH THIS APPLICATION IS MADE CONFORMS TO THE MECOSTA COUNTY ZONING ORDINANCE. I FURTHER CERTIFY THAT THE PERMIT IS SUBJECT TO THE TERMS AND CONDITIONS OF THE ZONING ORDINANCE AND THAT VIOLATIONS OF THESE TERMS WILL BE SUFFICIENT FOR REVOCATION OF THE PERMIT.

SIGNATURE OF APPLICANT: _____

DATE: _____

APPLICATION REVIEWED BY: _____

DATE: _____

APPROVED DENIED

COMMENTS: _____

Please visit our website at:
www.co.mecosta.mi.us