

CITY OF MT MORRIS

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Complete Both Sides of Application — Application is incomplete without a valid signature

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

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS. ELECTRICAL, MECHANICAL AND PLUMBING, MECHANICAL PERMITTED SEPARATELY
Contact the Building Department for City of Mt Morris, Regional Inspection, for inspections at 989 725 5050; 810 496 0369 or 517 588 4523.

LOCATION OF BUILDING

RI-0001-2010

STREET LOCATION

Zoning District

CITY

STATE

ZIP

OWNERSHIP: ☐ Private ☐ Public

between

and

SUBDIVISION

LOT

BLOCK

LOT SIZE

PARCEL NO

TYPE OF IMPROVEMENT

RESIDENTIAL PROPOSED USE

NON-RESIDENTIAL PROPOSED USE

- ☐ NEW BUILDING
- ☐ ALTERATION
- ☐ DEMOLITION
- ☐ FOUNDATION ONLY
- ☐ MOBILE HOME SET-UP
- ☐ PRE-MANUFACTURE
- ☐ SPECIAL INSPECTION
- ☐ RELOCATION
- ☐ ADDITION
- ☐ REPAIR

- ☐ ONE FAMILY
- ☐ TWO OR MORE FAMILY ____ NO OF UNITS
- ☐ HOTEL, MOTEL ____ NO OF UNITS
- ☐ ADDITION
- ☐ POOL
- ☐ ATTACHED/DETACHED GARAGE
- ☐ DECK
- ☐ STORAGE SHED
- ☐ POLE BARN

- ☐ AMUSEMENT
- ☐ CHURCH, RELIGION
- ☐ INDUSTRIAL
- ☐ PARKING GARAGE
- ☐ SERVICE STATION
- ☐ OFFICE, BANK, PROFESSIONAL
- ☐ OTHER _____
- ☐ LIBRARY
- ☐ STORE, MERCANTILE
- ☐ TANKS, TOWERS
- ☐ PUBLIC UTILITY
- ☐ HOSPITAL/INSTITUTE

NONRESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAMING

- ☐ Masonry (wall bearing)
- ☐ Wood frame
- ☐ Structural steel
- ☐ Reinforced concrete
- ☐ Other _____

PRINCIPAL TYPE OF HEATING FUEL

- ☐ Gas
- ☐ Electricity
- ☐ Other _____
- ☐ Oil
- ☐ Coal

TYPE OF SEWAGE DISPOSAL

- ☐ Public or private company
- ☐ Private (on-site septic)

TYPE OF WATER SUPPLY

- ☐ Public or private company
- ☐ Private (on-site septic)

TYPE OF MECHANICAL

- Will there be central air?
☐ Yes ☐ No
- Will there be an elevator?
☐ Yes ☐ No

DIMENSIONS

No. of Stories _____
Total square feet of floor area of all floors _____
Total land area, sq. ft./acres _____

NUMBER OF OFF-STREET PARKING SPACES

Enclosed _____
Outdoors _____

RESIDENTIAL BUILDINGS ONLY

Number of bedrooms _____
Number of full bathrooms _____
Number of partial bathrooms _____

VALUATION AND PERMIT FEE

Type of Construction _____

Fee Basis _____

Use Group _____

Construction Cost _____

Square Feet _____

Construction Value _____

Permit Fee _____

Complete Both Sides of Application

Complete Both Sides of Application

APPLICANT IS: (Please select one) ☐ **OWNER OR LESSEE** ☐ **ARCHITECT OR ENGINEER** ☐ **CONTRACTOR**
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION

OWNER OR LESSEE

Name	Phone	Fax
Address	Cell	
City	State	Zip
	email	

ARCHITECT OR ENGINEER — The Architect listed is the registered design professional in responsible charge as required by 106.3.4

Name	Phone	Fax
Address	Cell	
City	State	Zip
License Number and Expiration Date	email	

CONTRACTOR

Name	Phone	Fax
Address	Cell	
City	State	Zip
	email	

Licensee Registration: Include copies of both individual and company builders license and copy of State approved ID such as driver's license

Federal Employer ID Number OR Reason for Exemption and Social

Workers Comp Insurance Carrier and Number or Reason for Exemption

MESC Employer Number or Reason for Exemption

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, GENESEE AND CITY OF MT MORRIS. 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.

A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

SIGNATURE OF APPLICANT

DATE

STIPULATIONS/OTHER REQUISITES

APPROVAL

DATE

PERMIT FEES Make checks payable to **CITY OF MT MORRIS**
SUBMIT TO Submit application, supporting documents and fees to
11649 Saginaw Street, Mt Morris MI 48458

Contact Regional Inspection LLC, Building
Department for City of Mt Morris to schedule
inspections or with questions 989 725 5050;
810 496 0369 or 517 588 4523