Building Permit Application

Construction Code Authority • 1075 Suncrest Dr, Ste A • Lapeer, MI 48446
Ph: 810-667-0420 • Fax: 810-667-2952 • Scheduling: 810-664-0981
Imlay City Office: 810-724-8081 • www.constructioncodeauthority.com

Job Site ____________________________ MUNICIPALITY ____________________________

Cross Roads ____________________________ N S E W Side of Road
Lot/Parcel # ____________________________ Lot Size ____________________________

Permit To: □ New □ Addition □ Alter/Remodel □ Code Compliance
□ Demo/Raze     □ Other (describe): ____________________________

Permit To: □ Conventional Built Home □ Pre-Manufactured Home □ Log Home (sealed print req'd)
□ Attached Garage □ Detached Garage □ Garage w/Breezeway
□ Sign - Wall □ Sign - Ground □ Pole Building/Accessory Bldg
□ Pool – In Ground □ Pool – Above Ground □ Carport
□ Deck/Porch/Awning □ Commercial/Industrial □ Other___________________

Foundation Type
□ Basement Block/Foam
□ Basement Poured
□ Basement Wood/Steel
□ Reinforced Mat
□ 42” Footings (Trench/Spread)
□ 42” Footings (Pole)
□ Crawl Block
□ Crawl Wood
□ Piers
□ Existing
□ Other: ____________________________

Construction Information
Commercial Sq Ft ______________
Deck Square Footage ______________
Accessory Building Sq Ft __________
Building Height _________________
Living Area Sq Ft ________________
Garage Sq Ft _________________
Number of Stories _______________
Number of Bedrooms _____________
Number of Bathrooms _____________
Total Square Footage ____________
Masonry Veneers □ YES □ NO

Required Permits
□ Septic _______________________
□ Sewer ______________________
□ Culvert/R-O-W ________________
□ Soil Erosion _________________
□ Flood Plain _________________
□ Well ________________________
□ Wetlands ____________________

Estimated Value of Construction:
$ _____________________________

CONTINUE APPLICATION ON NEXT PAGE  ▸▸▸
BOX BELOW FOR OFFICE USE ONLY

Plan Review: □ Yes □ No    Stake Out: □ Yes □ No    Driveway Insp: □ Yes □ No
Use Group ____________ Construction Type ________ Occupancy Load ____________ No. of Inspections _______
PERMIT APPROVED BY: __________________________________________ DATE: ______________________
Remarks ______________________________________________________
**ZONING COMPLIANCE PERMIT**

<table>
<thead>
<tr>
<th>Specified Intended Use</th>
<th>% Lot Coverage</th>
<th>Length of Driveway</th>
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<table>
<thead>
<tr>
<th>Length</th>
<th>Width</th>
<th>Height</th>
<th>Roof Pitch/Style</th>
<th>Sq Ft First Floor</th>
<th>Sq Ft Second Floor</th>
<th>Sq Ft of Garage</th>
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1. Does this property have frontage on two roads? [ ] Yes [ ] No
2. Is the property bordering on a lake? [ ] Yes [ ] No
3. Is there a dwelling presently on this property? [ ] Yes [ ] No
4. Is there an accessory building presently on this property? [ ] Yes [ ] No
5. Is there an easement on this property? (i.e. utility, etc) [ ] Yes [ ] No
6. Is the construction located in a flood plain? [ ] Yes [ ] No
7. Is the construction located within 500’ of a lake, stream, county drain, natural or artificial body of water? [ ] Yes [ ] No
8. Is the construction located in or within 500’ of a wetland? [ ] Yes [ ] No
9. Will the construction require the moving of one surface acre or more of land? [ ] Yes [ ] No
10. If construction is for an accessory building will it contain animals? [ ] Yes [ ] No

11. Will footings be trenched near poles, guy wires, anchors? [ ] Yes [ ] No
12. Are there any overhead or underground wires on site? [ ] Yes [ ] No
13. Will the structure be built under or near overhead lines? [ ] Yes [ ] No
14. Will any wells be drilled under or near overhead wires? [ ] Yes [ ] No
15. Will any antenna be erected on the property which would be in conflict with power lines, in a standing or free falling situation? [ ] Yes [ ] No
16. Will any trees be cut which are in proximity of overhead wires? [ ] Yes [ ] No

**If you answered YES to question 11 thru 16, please contact your local utility company.**

Owner or contractor could have personal liability in the event of injury or fatality on construction close to Edison lines.

Contact MISS DIG at 1-800-482-7171 before excavation.

Normal lead-time required to relocate Edison facilities, or provide a line extension is six (6) weeks after all right-of-way or other agreement and any payments have been finalized with the property owner.

**LAND USE RESTRICTIONS:**

<table>
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<tr>
<th>Property I.D. #</th>
<th>ZONING DISTRICT</th>
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**Setbacks:**

- Front: All construction must be a minimum of _______ feet from the edge/center of any road right of way and _______ feet from the edge of any road right of way for subdivision streets and private roads.
- L. Side: _________ feet minimum from the left side lot line.
- R. Side: _________ feet minimum from the right side lot line.
- Rear: _________ feet minimum from the rear lot line.

<table>
<thead>
<tr>
<th>Driveway Inspection Req’d</th>
<th>Minimum Req’d Roof Pitch</th>
<th>Elevation Certificate Req’d</th>
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<td>Y / N</td>
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<tr>
<th>Stake Inspection Req’d</th>
<th>Non-Conforming Lot/Structure</th>
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<td>Y / N</td>
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I certify the above questions were answered to the best of my ability. I also understand it is my responsibility to be aware of and comply with any and all deed restrictions, subdivision regulations, flood plain regulations, wetland regulations and zoning requirements relating to this permit. ____________ initial

Applicant’s Signature: ___________________________ Date ___________________________

Driver’s License No. ___________________________ or Date of Birth: ___________________________

Deputy/Zoning Administrator ___________________________ Date ___________________________

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Property Owner Name __________________________ City ______________________ State ______ Zip ______

Current Address ______________________________ City ___________ State ______ Zip ______

Driver’s License or DOB ____________________ Email Address ___________________________

Property Owner Affidavit: I hereby certify the work described on this permit application shall be installed in accordance with the State 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 the necessary inspections.

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 Complied Laws, prohibits a person from conspiring to circumvent the licensing requirements of the 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.

Property Owner’s Signature __________________________________________ Date ____________

Contractor Name on License __________________________ Phone ( ) __________

Email Address __________________________ Fax ( ) __________

Contractor License Number __________________________ Expiration Date ____________

Current Address __________________________ City ___________ State ______ Zip ______

Federal I.D. Number (or reason for exemption) __________________________________________

Workman’s Comp. Carrier (or reason for exemption) ______________________________________

MESC Number (or reason for exemption) ________________________________________________

Contractor Affidavit: I hereby certify that the proposed work is authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information 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 Complied Laws, prohibits a person from conspiring to circumvent the licensing requirements of the 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.

Contractor’s Signature __________________________________ Date ____________

Print Name __________________________ Date of Birth ____________
Please submit **Approved Septic Site Plan from Health Department**. Include the following:

1. Location & dimensions of all property lines regardless of acreage, include **North Point**
2. Location of public streets, highways, private drives, driveways, easements
3. Location, dimensions, and square footage of all existing and proposed buildings or other permanent structures; ie. pools, decks, etc
4. Distances from all property lines to the proposed building or structure
5. Location of all underground utilities; well, septic, storm or sanitary sewer, etc
6. Location of any natural features ie. ponds, rivers, streams, drains