



## BUILDING PERMIT APPLICATION

City of Mt. Pleasant • Building Safety Department  
 320 W. Broadway Street, Mt. Pleasant, MI 48858  
 Phone (989) 773-6791 • [www.mt-pleasant.org](http://www.mt-pleasant.org)

### PERMIT FEE CALCULATION

Date: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Occupancy Group: \_\_\_\_\_ Const. Type: \_\_\_\_\_  
 Building Area: \_\_\_\_\_ Ft<sup>2</sup> (New Construction)  
 Total Construction Cost: \$ \_\_\_\_\_ .00 (Alterations)

PERMIT FEE: For new construction – the Permit Fee will be based on the use group, type of construction and new floor area. Where alterations occur that do not create additional floor area, the permit fee shall be determined using the total cost for all construction.

I. PROJECT LOCATION			
Street address:	Business name:	Is the property a rental unit?	
Lot dimensions:	Subdivision:	Lot number:	
Is the property located in a flood plain?		Is the property located in a wetland?	
II. APPLICANT			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	E-mail:	
III. OWNER			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	E-mail:	
IV. CONTRACTOR			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
Builder's License Number:		License Expiration Date:	
Federal Employee ID Number or Reason for Exemption:			
Workers Compensation Insurance Carrier or Reason for Exemption:			
MESCC Employee Number or Reason for Exemption:			
Liability Insurance Carrier:		Expiration Date:	
V. ARCHITECT OR ENGINEER			
Name:	Phone:	Mobile:	Fax:
Address:	City/State/Zip:	Email:	
State License #:		License Expiration Date:	
VI. PROJECT DESCRIPTION: (check one and provide description – attach additional sheet if needed)			
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR/ALTERATION
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> FOUNDATION		<input type="checkbox"/> SPECIAL INSPECTION
			<input type="checkbox"/> MOBILE HOME SETUP
			<input type="checkbox"/> OTHER (Describe)
Written description of project:			
VII. RESIDENTIAL BUILDINGS REGULATED UNDER THE MICHIGAN RESIDENTIAL CODE (Use Group R-3 & 5B Construction)			
<input type="checkbox"/> One Family *	<input type="checkbox"/> Two Family *	<input type="checkbox"/> Townhouse *	<input type="checkbox"/> Accessory Bldg *
			<input type="checkbox"/> Other (roof, window, decks, pool)
*Two sets of construction drawings to be provided along with the application			
VIII. BUILDING REGULATED UNDER THE MICHIGAN BUILDING CODE (Commercial, Industrial and Multi-Family)			
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE	
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)	
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE)	
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)	
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)	
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> S-1 STORAGE 1 (MODERATE HAZARD)	
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)	
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)	
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)		
IX. TYPE OF CONSTRUCTION			
<input type="checkbox"/> 1A - Non Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 3B - Non Combustible (Bearing Walls Rated)		
<input type="checkbox"/> 1B - Non Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 4 - Heavy Timber		
<input type="checkbox"/> 2A - Non Combustible (Rated Structural Elements) 1HR	<input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR		
<input type="checkbox"/> 2B - Non Combustible (Non Rated Structural Elements)	<input type="checkbox"/> 5B - Combustible (All Elements Not Rated)		
<input type="checkbox"/> 3A - Non Combustibles (Exterior Walls Only)			

\*Three sets of construction drawings to be provided for all commercial projects with the application.

X. REROOF			
Strip Roof	Y <input type="checkbox"/> N <input type="checkbox"/>	Replace Sheathing	Y <input type="checkbox"/> N <input type="checkbox"/>
Underlayment	Y <input type="checkbox"/> N <input type="checkbox"/>	Ice & Water	Y <input type="checkbox"/> N <input type="checkbox"/>
Square Feet Covered:		Roofing Materials:	Proposed Ventilation:
I understand that I may not reroof over more than one (1) existing layer of roof material and agree to comply with building codes and manufacturers requirements related to this roof project.			
*Signature:		Print Name:	

\*Signature also required under section XV.

XI. WINDOW REPLACEMENT					
The following items will be required to determine compliance with Table 154.405.A of the zoning ordinance governing all window installation within each Character District. In addition, properties added to the housing and licensing program may be required to bring the sleeping rooms into compliance with the emergency escape requirements. Question regarding rental properties shall be directed to the Department of Fire Safety who administers the rental program at 989-779-5101.					
# OF WINDOWS:	WINDOW TYPE: <input type="checkbox"/> Double hung <input type="checkbox"/> Casement <input type="checkbox"/> Other	MATERIAL: <input type="checkbox"/> Wood sash <input type="checkbox"/> Vinyl sash <input type="checkbox"/> Other	INSTALLATION: <input type="checkbox"/> New construction <input type="checkbox"/> Replacement <input type="checkbox"/> Egress	For windows in a façade (street-facing wall) where window size or location will change, please provide the following: Proposed window size(s): Existing total façade glazing (window area): Proposed total façade glazing: Proposed sill height above grade (if changing):	

XII. DECK (Deck drawing and building and lot plan required)				
Will deck be attached to house or other structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, flashing detail and fastening to be shown on drawing.		
FOOTING INFORMATION	POST INFORMATION	FLOOR SYSTEM		GUARDS & HANDRAILS
Depth Below Grade	Post Size	Rim Joist	2" by	Ht. of Deck surface above grade
Type (masonry & concrete)	Spacing: o.c.	Floor Joist	2" by	Guardrail to be installed Y N
Size (Square of Circle)	Post height to deck	Joist Spacing	o.c.	Guardrail Type (metal, wood, NA)
Spacing	o.c.	Decking Type		Guard height above finish floor
All concrete shall be mixed and placed.	All cuts below grade shall be treated	Fastener Type	HDG or Stainless	Number of risers on Stairs

\* Where the project will incorporate pre-cut stringers for the stair construction, please discuss with inspector prior to installation to ensure compliance with the code.

XIII. POOLS (Building and Lot Plan Required)			<input type="checkbox"/> In-Ground	<input type="checkbox"/> Above Ground
Dimensions of Pool:	Capacity (gallons):	Height above ground:		
*Describe pool barrier:				
*Pool areas shall be provided with an approved barrier/fence in accordance with the City Code & Appendix G of the 2015 MRC				

XIV. OTHER APPROVAL	REQUIRED	APPROVAL
Site Plan/SUP/Zoning		
Dept. of Fire Safety		
Variance Granted		
Soil Erosion		
Flood Zone		
Water Supply		
Sewer (Sanitary & Storm)		
Other		

XV. SIGNATURE
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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.
SIGNATURE OF OWNER (When owner is doing their own work)
SIGNATURE OF OWNER'S AGENT
TYPE OR PRINT
DATE
<b>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.</b>

