

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

CITY OF MACKINAC ISLAND

CITY HALL

PO Box 455 – Market Street

Mackinac Island, MI 49757

AUTHORITY: P.A. 230 OF 1972, AS AMENDED  
COMPLETION: 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.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
NOTE: STATE OF MICHIGAN APPLICATIONS MUST BE COMPLETED  
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

|                                                                                                                                                                                                                               |         |                 |                  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|------------------|----------|
| <b>I. PROJECT INFORMATION</b>                                                                                                                                                                                                 |         |                 |                  |          |
| PROJECT NAME                                                                                                                                                                                                                  |         | ADDRESS         |                  |          |
| CITY                                                                                                                                                                                                                          | VILLAGE | TOWNSHIP        | COUNTY           | ZIP CODE |
| BETWEEN                                                                                                                                                                                                                       |         | AND             |                  |          |
|                                                                                                                                                                                                                               |         |                 |                  |          |
| <b>II. IDENTIFICATION</b>                                                                                                                                                                                                     |         |                 |                  |          |
| <b>A. OWNER OR LESSEE</b>                                                                                                                                                                                                     |         |                 |                  |          |
| NAME                                                                                                                                                                                                                          |         | MAILING ADDRESS |                  |          |
| CITY                                                                                                                                                                                                                          | STATE   | ZIP CODE        | TELEPHONE NUMBER |          |
| EMAIL                                                                                                                                                                                                                         |         |                 |                  |          |
| <b>B. ARCHITECT OR ENGINEER</b>                                                                                                                                                                                               |         |                 |                  |          |
| NAME                                                                                                                                                                                                                          |         | MAILING ADDRESS |                  |          |
| CITY                                                                                                                                                                                                                          | STATE   | ZIP CODE        | TELEPHONE NUMBER |          |
| LICENSE NUMBER                                                                                                                                                                                                                |         | EXPIRATION DATE |                  |          |
| EMAIL                                                                                                                                                                                                                         |         |                 |                  |          |
| <b>C. CONTRACTOR</b>                                                                                                                                                                                                          |         |                 |                  |          |
| NAME                                                                                                                                                                                                                          |         | MAILING ADDRESS |                  |          |
| CITY                                                                                                                                                                                                                          | STATE   | ZIP CODE        | TELEPHONE NUMBER |          |
| EMAIL                                                                                                                                                                                                                         |         |                 |                  |          |
| BUILDERS LICENSE NUMBER:                                                                                                                                                                                                      |         |                 |                  |          |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:                                                                                                                                                                           |         |                 |                  |          |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION:                                                                                                                                                                       |         |                 |                  |          |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION:                                                                                                                                                                                 |         |                 |                  |          |
|                                                                                                                                                                                                                               |         |                 |                  |          |
| <b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>                                                                                                                                                                               |         |                 |                  |          |
| <b>A. TYPE OF IMPROVEMENT</b>                                                                                                                                                                                                 |         |                 |                  |          |
| 1. <input type="checkbox"/> NEW BUILDING    3. <input type="checkbox"/> ALTERATION    5. <input type="checkbox"/> DEMOLITION    7. <input type="checkbox"/> FOUNDATION ONLY    9. <input type="checkbox"/> RELOCATION         |         |                 |                  |          |
| 2. <input type="checkbox"/> ADDITION    4. <input type="checkbox"/> REPAIR    6. <input type="checkbox"/> MOBILE HOME SET-UP    8. <input type="checkbox"/> PREMANUFACTURE    10. <input type="checkbox"/> SPECIAL INSPECTION |         |                 |                  |          |
| <b>B. REVIEW(S) TO BE PERFORMED</b>                                                                                                                                                                                           |         |                 |                  |          |
| <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FOUNDATION                                               |         |                 |                  |          |

|                                                 |                                           |                                       |
|-------------------------------------------------|-------------------------------------------|---------------------------------------|
| <b>IV. PROPOSED USE OF BUILDING</b>             |                                           |                                       |
| <b>A. RESIDENTIAL</b>                           |                                           | <b>COST OF IMPROVEMENT - \$ _____</b> |
| 1. ____ ONE FAMILY                              | 3. ____ HOTEL, MOTEL<br>NO. OF UNITS ____ | 5. ____ DETACHED GARAGE               |
| 2. ____ TWO OR MORE FAMILY<br>NO. OF UNITS ____ | 4. ____ ATTACHED GARAGE                   | 6. ____ OTHER                         |
| <b>B. NON-RESIDENTIAL</b>                       |                                           |                                       |
| 7. ____ AMUSEMENT                               | 11. ____ SERVICE STATION                  | 15. ____ SCHOOL, LIBRARY, EDUCATIONAL |
| 8. ____ CHURCH, RELIGION                        | 12. ____ HOSPITAL, INSTITUTIONAL          | 16. ____ STORE, MERCHANTILE           |
| 9. ____ INDUSTRIAL                              | 13. ____ OFFICE, BANK, PROFESSIONAL       | 17. ____ TANKS, TOWERS                |
| 10. ____ PARKING GARAGE                         | 14. ____ PUBLIC UTILITY                   | 18. ____ OTHER                        |

**DESCRIBE IN DETAIL PROPOSED WORK TO BE DONE:**

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|-----------------------------------------------------|------------------------------------------|-----------------------------------------------------|---------------------------|--------------|
| <b>V. SELECTED CHARACTERISTICS OF BUILDING</b>      |                                          |                                                     |                           |              |
| <b>A. PRINCIPAL TYPE OF FRAME</b>                   |                                          |                                                     |                           |              |
| 1. __ MASONRY, WALL BEARING                         | 2. __ WOOD FRAME                         | 3. __ STRUCTURAL STEEL                              | 4. __ REINFORCED CONCRETE | 5. __ OTHER  |
| <b>B. PRINCIPAL TYPE OF HEATING FUEL</b>            |                                          |                                                     |                           |              |
| 6. __ GAS                                           | 7. __ OIL                                | 8. __ ELECTRICITY                                   | 9. __ COAL                | 10. __ OTHER |
| <b>C. TYPE OF SEWAGE DISPOSAL</b>                   |                                          |                                                     |                           |              |
| 11. __ PUBLIC OR PRIVATE COMPANY                    |                                          | 12. __ SEPTIC SYSTEM                                |                           |              |
| <b>D. TYPE OF WATER SUPPLY</b>                      |                                          |                                                     |                           |              |
| 13. __ PUBLIC OR PRIVATE COMPANY                    |                                          | 14. __ PRIVATE WELL OR CISTERN                      |                           |              |
| <b>E. TYPE OF MECHANICAL</b>                        |                                          |                                                     |                           |              |
| 15. __ WILL THERE BE AIR CONDITIONING? __ YES __ NO |                                          | 16. __ WILL THERE BE FIRE SUPPRESSION? __ YES __ NO |                           |              |
| <b>F. DIMENSIONS/DATA</b>                           |                                          |                                                     |                           |              |
| 17. NUMBER OF STORIES _____                         | 21. FLOOR AREA:                          | EXISTING                                            | ALTERATIONS               | NEW          |
| 18. USE GROUP _____                                 | BASEMENT                                 | _____                                               | _____                     | _____        |
| 19. CONST. TYPE _____                               | 1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR  | _____                                               | _____                     | _____        |
| 20. NO. OF OCCUPANTS _____                          | 3 <sup>RD</sup> – 10 <sup>TH</sup> FLOOR | _____                                               | _____                     | _____        |
| 22.. BEDROOMS _____ BATHS _____                     | 11 <sup>TH</sup> – ABOVE                 | _____                                               | _____                     | _____        |
|                                                     | TOTAL AREA                               | _____                                               | _____                     | _____        |
| <b>G. NUMBER OF OFF STREET PARKING SPACES</b>       |                                          |                                                     |                           |              |
| 22. ENCLOSED _____                                  |                                          | 23. OUTDOORS _____                                  |                           |              |

|                                                                                                                                             |      |               |          |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|----------|
| <b>VI. APPLICANT INFORMATION</b>                                                                                                            |      |               |          |
| APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION: |      |               |          |
| NAME                                                                                                                                        |      | TELEPHONE NO. |          |
| MAILING ADDRESS                                                                                                                             | CITY | STATE         | ZIP CODE |
| 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 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.

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.

|                                                                    |            |                                       |      |
|--------------------------------------------------------------------|------------|---------------------------------------|------|
| <i>SIGNATURE OF APPLICANT</i>                                      |            | <i>DATE</i>                           |      |
| PLAN REVIEW FEE ENCLOSED \$ _____                                  |            | BUILDING PERMIT FEE ENCLOSED \$ _____ |      |
| <b>ENVIRONMENTAL CONTROL APPROVALS Please complete and initial</b> |            |                                       |      |
|                                                                    | REQUIRED?  | APPROVED                              | DATE |
| A – ZONING                                                         | __YES __NO |                                       |      |
| B – FIRE DISTRICT                                                  | __YES __NO |                                       |      |
| C – POLLUTION CONTROL                                              | __YES __NO |                                       |      |
| D – NOISE CONTROL                                                  | __YES __NO |                                       |      |
| E – SOIL EROSION                                                   | __YES __NO |                                       |      |
| F – FLOOD ZONE                                                     | __YES __NO |                                       |      |
| G – WATER SUPPLY                                                   | __YES __NO |                                       |      |
| H – SEPTIC SYSTEM                                                  | __YES __NO |                                       |      |
| I – VARIANCE GRANTED                                               | __YES __NO |                                       |      |
| J – OTHER                                                          | __YES __NO |                                       |      |
| <b>VII. VALIDATION – FOR DEPARTMENT USE ONLY</b>                   |            |                                       |      |
| USE GROUP _____                                                    |            | BASE FEE _____                        |      |
| TYPE OF CONSTRUCTION _____                                         |            | NUMBER OF INSPECTIONS _____           |      |
| SQUARE FEET _____                                                  |            |                                       |      |
| APPROVAL SIGNATURE                                                 |            |                                       |      |
| TITLE                                                              |            | DATE                                  |      |
|                                                                    |            |                                       |      |