

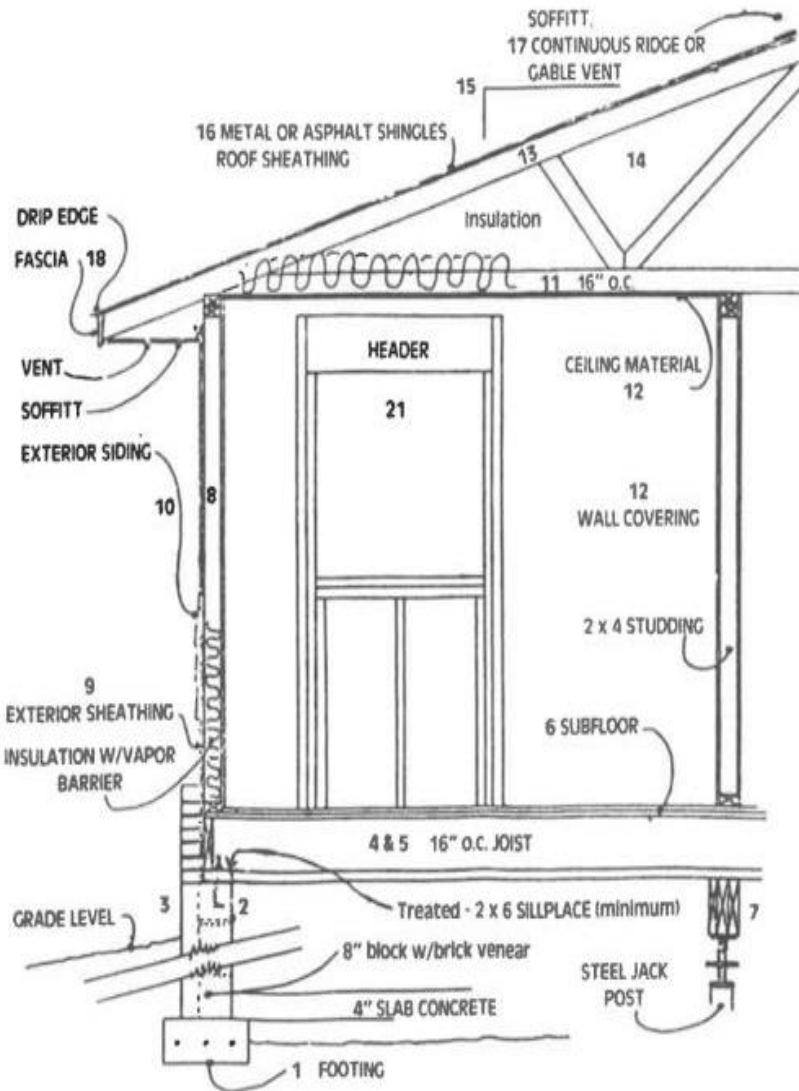
City of St. Ignace
BUILDING PERMIT APPLICATION

#_____

Date of Application:_____

Applicant:_____

VI. SPECIFICATIONS



1. Footings _____
2. Foundation wall thickness _____ Height _____
3. Number of crawl space vents _____
4. Floor joists material _____
5. Floor joists size _____ span _____
6. Subfloor material _____
Subfloor 1st layer thickness _____ 2nd layer thickness _____
7. Size of basement beam (if used) _____
8. Stud size _____ height _____
9. Exterior sheathing: Material _____
10. Exterior siding: Material _____
11. Ceiling joists size _____ span _____
12. Ceiling covering _____ wall covering _____
13. Rafters, Trusses _____ span _____
14. Load rating of trusses _____
15. Roof: pitch _____ overhang _____
16. Roof sheathing material _____ Roof cover material _____
17. Type of venting: ridge _____ soffitt _____ gable _____
18. Fascia and soffitt material _____
19. Entrance door size _____
20. Garage door size _____
21. Bedroom window size _____
22. Smoke detector is mandatory! Brand _____

Dimensions

Number of Stories _____

Floor Area

○ 1st and 2nd Floor _____

○ 3rd-10th Floor _____

○ 11th-Above Floor _____

○ Total Area _____

○ Total Land Area _____

Number of Off-Street Parking Spaces

Enclosed

○ _____

Outdoors

○ _____

Notes:

Site or Plot Plan - to be drafted by applicant

Indicate Direction of North



Applicant Information

- Applicant is responsible for the payment of all fees and charges applicable to this application, at the time of application, and must provide the following information.
- 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 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.

Name:

Address:

Telephone #:

Signature of Applicant:

Date:

To Be Completed By Building Inspector

Environmental Control Approvals

	Required?	Approved	Date	Number	By
Zoning					
Soil Erosion					
Flood Zone					
Health Department					
Other					

Validation

Permit Number:

Approved By:

Issue Date:

Signature:

Permit Fee:

Title: