

WEXFORD COUNTY BUILDING DEPARTMENT

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BOB SCARBROUGH
 Building Official
BRUCE FINNERTY
 Plumbing/Mechanical Inspector
SCOTT WADDELL
 Electrical Inspector
BROOKE MONROE
 Administrative Assistant

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items

I. LOCATION OF BUILDING

ADDRESS			
CITY/VILLAGE	TOWNSHIP	PROPERTY TAX ID #	ZIP CODE
BETWEEN	AND		

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME	DATE OF BIRTH	TELEPHONE #	
ADDRESS	CITY	STATE	ZIP CODE

B. ARCHITECT OR ENGINEER

NAME	DATE OF BIRTH	TELEPHONE #	
ADDRESS	CITY	STATE	ZIP CODE
LICENSE #	EXPIRATION DATE		

C. CONTRACTOR

NAME	DATE OF BIRTH	TELEPHONE #	
ADDRESS	CITY	STATE	ZIP CODE
BUILDERS LICENSE #	EXPIRATION DATE		
FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION			
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER # OR REASON FOR EXEMPTION			

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT (Check all that apply):

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition
<input type="checkbox"/> Mobile Home Setup	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Pre-manufactured	<input type="checkbox"/> Relocation	

B. COST OF IMPROVEMENT: _____

C. REVIEWS TO BE PERFORMED:

<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy
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IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL - For "demolition", show most recent use:

<input type="checkbox"/> One Family	<input type="checkbox"/> Two or More Family (# of units _____)	<input type="checkbox"/> Hotel, Motel (# of units _____)
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other: _____

B. NON-RESIDENTIAL - For "demolition", show most recent use:

<input type="checkbox"/> Amusement	<input type="checkbox"/> Church, Religious	<input type="checkbox"/> Industrial
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Public Utility	<input type="checkbox"/> School, Library, Educational
<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Tanks, Towers	<input type="checkbox"/> Other (see section below)

NON-RESIDENTIAL - Describe in detail proposed use of building, e.g.: food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME:

<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other: _____	

B. PRINCIPAL TYPE OF HEATING FUEL:

<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other: _____
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C. TYPE OF SEWAGE DISPOSAL:

<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Septic System
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D. TYPE OF WATER SUPPLY:

<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Private Well or Cistern
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E. TYPE OF MECHANICAL:

Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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F. DIMENSIONS

Number of Stories:	Floor Area:	1 st & 2 nd floor:
Total Area:		3 rd - 10 th floor:
Total Land Area (sq. ft.):		11 th - above floor:

G. NUMBER OF OFF-STREET PARKING SPACES:

Enclosed:	Outdoor:
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VI. APPLICANT INFORMATION

Applicant is responsible for payment of all fees and charges applicable to this application and must provide the following information:

NAME		TELEPHONE #	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL ID # /SOCIAL SECURITY #			
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.			
Section 23a of the State Construction Code Act of 1972, Act 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.			
FEE ENCLOSED: \$			
SIGNATURE OF APPLICANT		APPLICATION DATE	
SIGNATURE OF OWNER		DATE	

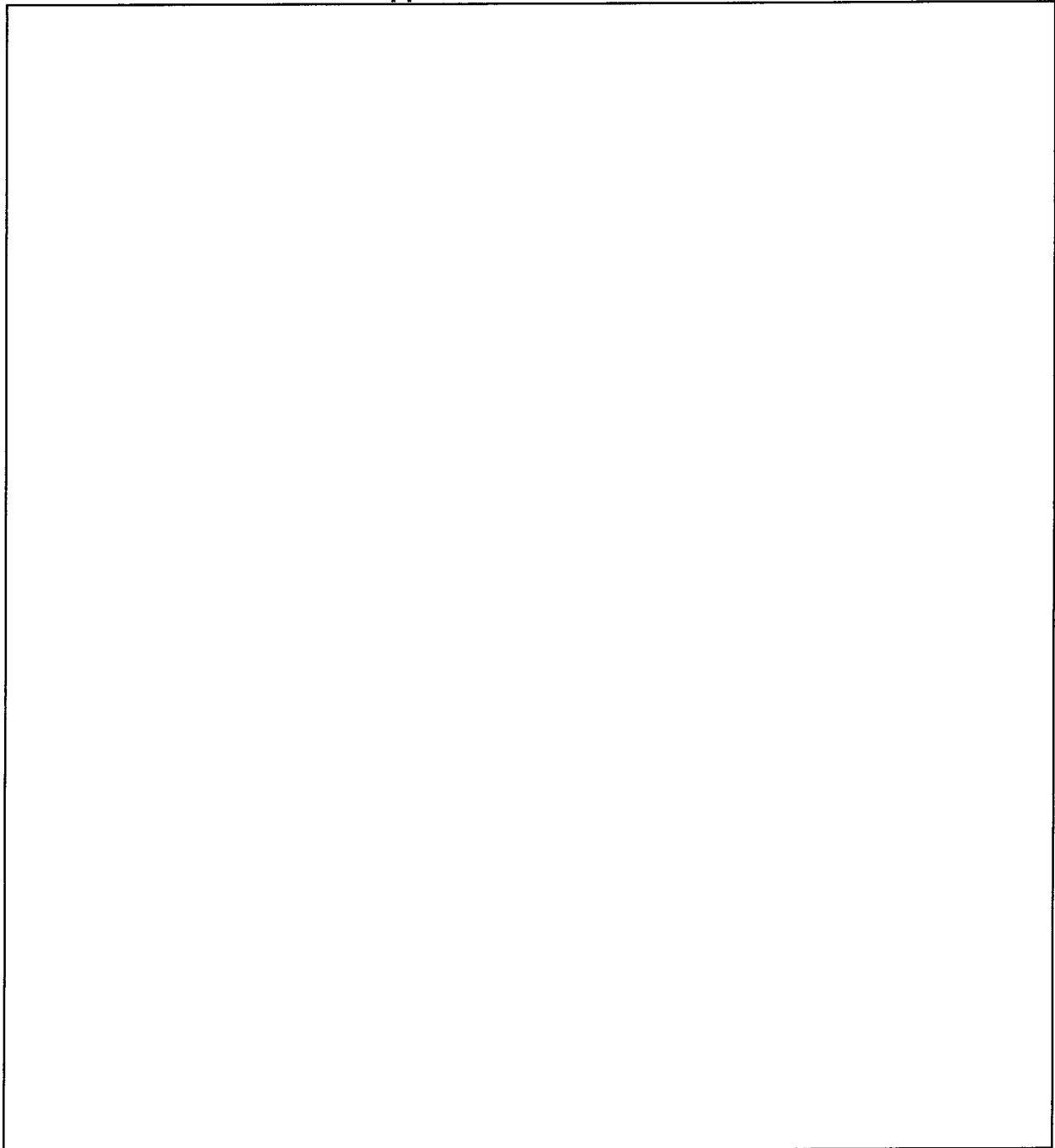
**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION
ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?		APPROVED	DATE	NUMBER	BY:
A - ZONING	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
B - FIRE DISTRICT	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
C - POLLUTION CONTROL	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
D - NOISE CONTROL	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
E - SOIL EROSION	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
F - FLOOD ZONE	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
G - WATER SUPPLY	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
H - SEPTIC SYSTEM	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
I - VARIANCE GRANTED	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
J - OTHER	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

VIII. VALIDATION

BUILDING PERMIT NUMBER	APPROVED BY:
ISSUE DATE:	SIGNATURE:
PERMIT FEE:	TITLE:

IX. SITE OR PLOT PLAN - For Applicant Use



Indicate direction of North within this circle:



STICK BUILT HOMES

Rafter Size/Span/Spacing

Roof Sheathing thickness

Name: _____

Location: _____

**PROVIDE BUILDING DEPT.
WITH TRUSS DRAWINGS**

Shingle Type

Underlayment

Truss Design & Load Limit

Engineered Trusses Yes _____ No _____

Ice & water shield req.

Header Size

Ceiling Joist Size/Spacing

Ceiling Type & Thickness

Stud Size & Spacing

Siding Type

Wall Sheathing Type & Thickness

Floor Joist Size/Spacing/Maximum Span

House wrap

Insulation Type

Floor Sheathing Type & Thickness

Height of Grade

Beam Size

Anchor Bolt Size & Spacing

Dampproofing Type

Distance

Post Size _____ Spacing _____
Maximum spacing between post

Foundation Wall Thickness & Height

Floor Thickness

Pad Size & Depth

Drain Sock/Tile

Footing Size & Depth