BUILDING PERMIT APPLICATION

Kalkaska County Construction Code Dept.

890 Island Lake Rd. Kalkaska, MI 49646 Ph.: 231-258-3365 Fax: 231-258-2828

Homeowners Name

Mailing Address

City, State, Zip Code

Telephone Number

PROPERTY OWNER AFFIDAVIT: I hereby certify that the work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. 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 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 structure. Violators of Section 23A are subject to civil fines.

Owner's Signature

Owner's Printed Name

*OWNER MUST NOT SIGN IF A CONTRACTOR IS TAKING OUT THIS PERMIT. *CONTRACTOR INFORMATION IS ON THE BACK OF THIS FORM. *APPLICATION WILL BE RETURNED IF THERE ARE TWO SIGNATURES.

JOB SITE Address: _____

Township: City, State, Zip: Parcel #/Tax ID # (**REQUIRED**) Directions to job site:

Job Description ~ (*Fill in all that apply*)

Width	Length	Overall Height
1 st Floor Sq. Ft	2 nd Floor Sq. Ft	TOTAL Sq. Ft
# Full Bathrooms	# Partial Bathrooms	# Bedrooms
Htg. Fuel- LP Gas	Natural Gas	Air Conditioning
Septic Tank	Public Sewer	Private Well
Foundation-Slab	Basement	Crawlspace

Type of Construction \sim (*Circle all that apply*)

Single Family Home	Duplex	Commercial	Porch	Mudroom	Deck	Roof
Roof – over Shed/S	torage	Attached Garag	ge Det	ached Garage	Pol	e Building
Single-wide Mobile	Double-wi	de Mobile 🛛 🛚 🛚	Nodular			
YEAR of MOBILE	30# RO	OF LOAD? (YES ,	′NO) Sti	cker location _		

Addition/Alteration/Other (Explain)

Date

Cost of Construction

Total: _____

TYPE GROUP Health Dept. Permit **Zoning Permit** Soil Erosion Permit **DNR** Wetlands **Driveway Permit Energy Code** Floor Plan Foundation Drawing Cross Cut Drawing **Elevation Drawing** Approved By: Approved Date:

FOR OFFICE USE ONLY

Paid: _____

BUILDING PERMIT APPLICATION

CONTRACTOR INFORMATION AREA- PLEASE INCLUDE A COPY OF YOUR CURRENT LICENSE *NO PERMIT CAN BE ISSUED UNDER A CONTRACTOR'S NAME WITHOUT A COPY OF THE CURRENT LICENSE*

CONTRACTOR'S COMPANY NAME		STATE LICENSE NUMBER			
ADDRESS		LICENSE EXPIRATION DATE			
CITY, STATE, ZIP		INSURANCE CARRIER			
PHONE NUMBER	CELL NUMBER	MESC & FEDERAL ID NUMBERS			

CONTRACTOR'S AFFIDAVIT

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 I 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.

Contractor's Signature

Contractor's Printed Name

Date

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 Compiled Laws prohibits a person from conspiring to circumvent the license requirements of this State relating to persons who are to preform work on a residential building or structure. Violators of Section 23A are subject to civil fines.

SITE PLAN