



# Building Permit Application

## I. Job Location

Permit # \_\_\_\_\_

Name of Owner/Agent	Work Phone	Home Phone
Street Address & Job Location	City Grand Ledge	State and Zip Code MI 48837
Parcel #	Between (cross streets)	

## II. Architect/Engineer and Contractor Information

<b>Architect / Engineer</b>		
Name	Work Phone	License # and Expiration
Street Address	City	State and Zip Code
<b>Contractor</b>		
Name	Work Phone	License # and Expiration
Street Address	City	State and Zip Code
Federal Employee ID# (or reason for exemption)	Workers Comp. Ins. Carrier (or reason for exemption)	
MESC Employee # (or reason for exemption)		

## III. Affidavit

I swear and warrant that all statements made by me in this application are correct to the best of my knowledge and that, in consideration of the granting of this permit, hold the City of Grand Ledge harmless from any and all damages. I agree to construct all work in all respects in compliance with Michigan law and the Grand Ledge City Code. I certify the property owner has authorized the work and has authorized me to make this application as their agent.

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 a residential structure. Violators of Section 23a are subject to civil fines.

Signature	Printed Name	Date
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Complete Application on Back Side

#### IV. Type of Improvement and Plan Review

Type of Improvement				
<input type="checkbox"/> New Building	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Remodel	<input type="checkbox"/> Relocation
<input type="checkbox"/> Repair	<input type="checkbox"/> Addition	<input type="checkbox"/> Pre-manufacture	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Demolition
Plan Reviews				
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy

#### V. Proposed Use of Building (for wrecking, show most recent use)

Residential					
<input type="checkbox"/> One Family		<input type="checkbox"/> Two Families (or more) Number of Units _____		<input type="checkbox"/> Motel / Hotel Number of Units _____	
Non-Residential					
<input type="checkbox"/> Amusement Park	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Church, Religious	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Industrial	<input type="checkbox"/> School, Library, Educational
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Service Station	<input type="checkbox"/> Tank, Tower	<input type="checkbox"/> Hospital, Institution	<input type="checkbox"/> Other _____

#### VI. Selected Characteristics of the Building

Principal Type of Frame				
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____
Principal Type of Heating Fuel				
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
Type of Sewage Disposal				
<input type="checkbox"/> Public Entity or Private Company			<input type="checkbox"/> Septic System	
Type of Water Supply				
<input type="checkbox"/> Public Entity or Private Company			<input type="checkbox"/> Private Well or Cistern	
Type of Mechanical				
Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No			Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Dimensions

Number of Stories	Floor Area (1 <sup>st</sup> and 2 <sup>nd</sup> floors)	Floor Area (3 <sup>rd</sup> through 10 <sup>th</sup> floor)
Floor Area (11 <sup>th</sup> and higher)	Total Floor Area	Total Land Area

Number of Off-Street Parking Spaces	Enclosed	Outdoors
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Cost			
Value of Construction \$ <b>(Permit will not be processed without value of construction)</b>			
Electrical \$	Plumbing \$	Heating / A/C \$	Other \$

#### Description of Work

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