



Building Permit Application

Gratiot County
 Department of Community Development
 214 E Center St., Ithaca, MI 48847
permits@gratiotmi.com / www.gratiotmi.com
 (989) 875-5201

<u>Office Use Only</u> Date Received

1. Project Information

PROJECT ADDRESS:

CITY/VILLAGE OF: _____ ZIP CODE: _____

PARCEL ID#: _____ TOWNSHIP: _____

RESIDENTIAL PROJECT: *Check all that apply below*

Project Type: _____ Estimated Construction Value: \$ _____

<input type="checkbox"/> New Home	<input type="checkbox"/> 1 st Floor – sq.ft.	<input type="checkbox"/> 2 nd Floor – sq.ft.	<input type="checkbox"/> Finished/Unfinished Basement – sq.ft.	<input type="checkbox"/> Crawlspace – sq.ft.
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:		
<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Covered	<input type="checkbox"/> Enclosed	
<input type="checkbox"/> Addition	<input type="checkbox"/> 1 st Floor – sq.ft.	<input type="checkbox"/> 2 nd Floor – sq.ft.	<input type="checkbox"/> Finished/Unfinished Basement – sq.ft.	<input type="checkbox"/> Crawlspace – sq.ft.
<input type="checkbox"/> Renovation	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:		
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Detached	WxLxH: _____	<input type="checkbox"/> Work Description:
		<input type="checkbox"/> Attached		
<input type="checkbox"/> Solar	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Roof Mounted	<input type="checkbox"/> Ground Mounted	
<input type="checkbox"/> Other	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:		
<input type="checkbox"/> Exterior Only	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Re-Side	

COMMERCIAL PROJECT: *Check all that apply below*

Project Type: _____ Estimated Construction Value: \$ _____

<input type="checkbox"/> New Building	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:
<input type="checkbox"/> Addition	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:
<input type="checkbox"/> Renovation	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:
<input type="checkbox"/> Other	<input type="checkbox"/> Total Area: sq.ft.	<input type="checkbox"/> Work Description:

Project Description:

Use Group: ____ Construction Type: ____ Number of Floors: ____ Number of Dwelling Units: ____
 Width: _____ ft. Length: _____ ft. Height: _____ ft. Total Square Footage: _____ sq.ft.

2. Owner or Lessee

NAME:	MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:	
E-MAIL ADDRESS:			PHONE #:

3. Architect or Engineer (If Applicable)

NAME:		MAILING ADDRESS:	
CITY:	STATE:	ZIP CODE:	PHONE #:
LICENSE #:		EXPIRATION DATE: / /	

4. Contractor (If Applicable)

NAME:		MAILING ADDRESS:	
CITY:	STATE:	ZIP CODE:	
BUILDERS LICENSE #:		EXPIRATION DATE: / /	

FEDERAL EMPLOYER ID #(or reason for exemption):

E-MAIL ADDRESS:

PHONE#:

CELL PHONE #:

5. Plans

Commercial Project – Include Two (2) Copies of Sealed Plans (a physical copy and a digital copy).
Residential Project – Include One (1) Copy of Plans (Sealed Plans for Accessory Buildings over 40’ Wide and for New Homes with over 3, 500sq. ft. of *habitable* space)

6. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION. APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL REQUIRED INSPECTIONS THROUGH THIS OFFICE.

NAME:		MAILING ADDRESS:	
CITY:	STATE:	ZIP:	
EMAIL ADDRESS:		PHONE #:	
DRIVERS LICENSE #:		BIRTH DATE:	

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.

X _____ Date _____
 Applicant Signature Date

*****DEPARTMENT USE ONLY*****

APPLICATION – APPROVED DENIED APPLICATION FEE: \$ _____

 Building Official Signature Date

OFFICE USE ONLY

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

GCPP is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Designate Agent Assignment Form

I authorize _____ to act as my representative in regard
(Applicant/Contractor Name)
to the attached building permit application for the project located at

In doing so, I agree that the proposed structure will not be occupied prior to
issuance of the Certificate of Occupancy.

(Property Owner Name)

(Phone Number)

(Property Owner Signature)

(Date)

GRATIOT COUNTY
SOIL EROSION AND SEDIMENTATION CONTROL DIVISION
214 E. CENTER ST., ITHACA, MI 48847
(989) 875-5301--bleonard@gratiotmi.com

I, _____, the permit applicant do
hereby affirm that **I am not** within 500 feet of a stream, lake, river, or county
drain; **nor will I disturb** over one acre of ground. This statement exempts me
from having to obtain a Soil Erosion and Sedimentation Control Permit.

Signature

Date

OR

I, _____, the permit applicant do
hereby affirm **I am** within 500 feet of a stream, lake, river, or county drain or **I**
will disturb over an acre of ground.

Signature

Date
