



**Building Permit Application**  
 Gratiot County Planning and Permits Office  
 Department of Building Safety  
 214 E Center St., Ithaca, MI 48847  
[permits@gratiotmi.com](mailto:permits@gratiotmi.com) / [www.gratiotmi.com](http://www.gratiotmi.com)  
 (989) 875-5201

Office Use Only

**1. Project Information**

PROJECT NAME ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED ♦ CITY ♦ VILLAGE ♦ TOWNSHIP OF:	COUNTY ZIPCODE
PROPERTY ID#	
BETWEEN ROAD AND ROAD <b>2. Owner or Lessee</b>	
NAME	ADDRESS
CITY STATE	ZIP CODE TELEPHONE NUMBER (Include Area Code)
E-MAIL ADDRESS	

**3. Architect or Engineer**

	ADDRESS	
CITY STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER	EXPIRATION DATE	

**4. Contractor**

NAME ADDRESS	
CITY STATE	ZIP CODE
BUILDERS LICENSE NUMBER	EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)	
E-MAIL ADDRESS	
TELEPHONE NUMBER (Include area code)	
CELL PHONE	

**5. Dimensions/Data**

NUMBER OF STORIES: FLOOR AREA: EXISTING ALTERATIONS NEW BASEMENT 1st FLOOR 2nd FLOOR OTHER ESTIMATED PROJECT COST: TOTAL AREA
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**GIVE A BRIEF DESCRIPTION OF PROJECT:**

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IS THIS PROJECT DISTURBING MORE THEN ONE ACRE, OR WITHIN 500 FEET OF A LAKE, STREAM, RIVER, OR COUNTY DRAIN?  
 YES: \_\_\_\_\_ NO: \_\_\_\_\_

**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		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
DRIVERS LICENSE NUMBER		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.**

Signature of Applicant

**Validation – For Department Use Only**

USE GROUP \_\_\_\_\_ APPLICATION FEE (non-refundable) \_\_\_\_\_  
 \_\_\_\_\_  
 NUMBER OF INSPECTIONS \_\_\_\_\_  
 SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE

TITLE	DATE
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**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.

**GRATIOT COUNTY  
PLANNING AND PERMITS DEPARTMENT  
214 E. Center Street, Ithaca, MI 48847  
Phone 989-875-5201 \*Fax 875-449-4059  
E-mail [permits@gratiotmi.com](mailto:permits@gratiotmi.com)**

**Designate Agent Assignment Form**

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**I authorize \_\_\_\_\_ to act as my  
representative in regard 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.**

\_\_\_\_\_  
**(Printed Name)**

\_\_\_\_\_  
**(Phone Number)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

GRATIOT COUNTY PERMITS OFFICE  
SOIL EROSION AND SEDIMENTATION CONTROL DIVISION  
214 E. CENTER ST., ITHACA, MI 48847  
(989) 875-5201--soilerosion@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

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OR

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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