

City of Essexville – Building Department
 1107 Woodside Avenue, Essexville, MI 48732
 Office Number: 989-893-0772
 Inspections: 989-893-0772
 Fax Number: 989-892-3452
 Building Inspector: Al Hugo

Permit # _____

Check # _____

BUILDING PERMIT APPLICATION

Please complete ALL sections

Separate applications are required for ELECTRICAL, MECHANICAL and PLUMBING Permits

Job Location			
Owner's Name		Owner's Phone	
Owner's Address		City	State ZIP
Contractor's Name		Contractor's Phone	
Address		City	State ZIP
Contractor's License Number		Expiration Date	
Federal Employer ID (or reason for exemption)		State Employer ID (or reason for exemption)	
Workers Comp Insurance Carrier (or reason for exemption)			
Architect or Engineer Name		Phone	
Address		City	State ZIP
License Number		Expiration Date	

TYPE OF IMPROVEMENT AND PLAN REVIEW

<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> New Building	<input type="checkbox"/> Repair	<input type="checkbox"/> Other

PLAN REVIEW(S) TO BE PERFORMED

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other
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USE OF BUILDING

<input type="checkbox"/> Single Family Residential (R-1)	<input type="checkbox"/> Business Commerce Park (B-P)	<input type="checkbox"/> Parking District (P-1)
<input type="checkbox"/> Residential Office District (R-O)	<input type="checkbox"/> Office District (O)	<input type="checkbox"/> Business District (B-1)
<input type="checkbox"/> Mixed Use District (M)	<input type="checkbox"/> Developmental District (D-1)	<input type="checkbox"/> Industrial – Light (M-1)
		<input type="checkbox"/> Industrial – Heavy (M-2)

CONSTRUCTION VALUE: \$

Describe in detail the work you are doing (for example: building a bedroom addition and taking out load bearing walls to make the living room larger). You may attach plans. Describe any new use of your building.

TYPE OF CONSTRUCTION

<input type="checkbox"/> Wood	<input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Masonry or Steel	<input type="checkbox"/> Non-Combustible Type 1	<input type="checkbox"/> Non-Combustible Type 2
Number of Stories _____	Floor Area (square feet) 1 st Floor: _____ 2 nd Floor: _____ 3 rd Floor: _____		Floor Area (square feet) Basement: _____ Other: _____	

APPLICANT INFORMATION

Applicant is responsible for the payment of ALL required fees and charges and MUST provide the following information:

Name	Phone		
Address	City	State	ZIP
Federal Employer ID Number or Social Security Number			

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 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. I agree to follow the requirements of the Laws, Codes and Ordinances of the City of Essexville. I understand an inspector is authorized to inspect my construction until work is completed and a certificate of occupancy is issued. I understand it is my responsibility to notify the inspector when my construction is ready for inspection.

Section 23a of the State Construction Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125 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 residential structure. Violators of Section 23a are subject to civil fines.

Applicant Signature:	Date:
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THIS PAGE FOR CITY USE ONLY!

REQUIRED:	APPROVED BY:	
<input type="checkbox"/> FLOOD ZONE		
<input type="checkbox"/> ENGINEERING		
<input type="checkbox"/> SOIL EROSION		
<input type="checkbox"/> BFD VARIANCE		
<input type="checkbox"/> ZONING		Zone: _____
<input type="checkbox"/> BUILDING PLAN REVIEW		
<input type="checkbox"/> ZONING PLAN REVIEW		Site Plan #: _____
<input type="checkbox"/> ARCHITECTURAL REVIEW		
<input type="checkbox"/> ZONING APPEAL		Appeal #: _____
<input type="checkbox"/> BUILDING APPEAL		Appeal #: _____

SETBACKS:	SHOWN:	North:	East:	South:	West:
	REQUIRED:	North:	East:	South:	West:

COMMENTS OR NOTES

APPROVED TO ISSUE BY:

CONDITIONS: