



**GRAND TRAVERSE COUNTY
CONSTRUCTION CODE**

2650 LaFranier Road
Traverse City, MI 49686-8972
(231)995-6044*fax(231)995-6048
www.grandtraverse.org

**PERMIT APPLICATION
BUILDING**

IMPORTANT- Applicant to complete all items in sections I, II, III, IV, V, and VI.

I. LOCATION OF BUILDING

Address:

City/Village: _____ Township: _____ Zip Code: _____

Between _____ And _____

II. TYPE OF IMPROVEMENT **CHECK IF PROJECT IS WITHIN 500' OF LAKE OR STREAM**

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. New Building | <input type="checkbox"/> 4. Repair | <input type="checkbox"/> 7. Foundation Only |
| <input type="checkbox"/> 2. Addition | <input type="checkbox"/> 5. Wrecking | <input type="checkbox"/> 8. Premanufacture |
| <input type="checkbox"/> 3. Alteration | <input type="checkbox"/> 6. Mobile Home Set-Up | <input type="checkbox"/> 9. Relocation |

III. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|---|---|--|
| <input type="checkbox"/> 10. One Family | <input type="checkbox"/> 12. Hotel, Motel
(no. of units _____) | <input type="checkbox"/> 14. Detached Garage |
| <input type="checkbox"/> 11. Two or More Family
(no. of units _____) | <input type="checkbox"/> 13. Attached Garage | <input type="checkbox"/> 15. Other _____ |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| <input type="checkbox"/> 16. Amusement | <input type="checkbox"/> 20. Service Station | <input type="checkbox"/> 24. School, Library, Educational |
| <input type="checkbox"/> 17. Church, Religious | <input type="checkbox"/> 21. Hospital, Institutional | <input type="checkbox"/> 25. Store, Mercantile |
| <input type="checkbox"/> 18. Industrial | <input type="checkbox"/> 22. Office, Bank, Professional | <input type="checkbox"/> 26. Tanks, Towers |
| <input type="checkbox"/> 19. Parking Garage | <input type="checkbox"/> 23. Public Utility | <input type="checkbox"/> 27. Other |

NON-RESIDENTIAL- Describe in detail proposed use of the building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

IV. SELECTED CHARACTERISTICS OF BUILDING

- | | | |
|--|---|--|
| A. PRINCIPLE TYPE OF FRAME
<input type="checkbox"/> 28. Masonry (wall bearing)
<input type="checkbox"/> 29. Wood Frame
<input type="checkbox"/> 30. Structural Steel
<input type="checkbox"/> 31. Reinforced Concrete
<input type="checkbox"/> 32. Other-Specify: _____
_____ | B. PRINCIPLE TYPE OF HEATING FUEL
<input type="checkbox"/> 33. Gas
<input type="checkbox"/> 34. Oil
<input type="checkbox"/> 35. Electricity
<input type="checkbox"/> 36. Coal
<input type="checkbox"/> 37. Other-Specify: _____
_____ | C. TYPE OF SEWAGE DISPOSAL
<input type="checkbox"/> 38. Public or Private
<input type="checkbox"/> 39. Private (septic tank, etc.) |
| | | D. TYPE OF WATER SUPPLY
<input type="checkbox"/> 40. Public or private company
<input type="checkbox"/> 41. Private (well, cistern) |

E. TYPE OF FOUNDATION 42. ____ Slab 43. ____ Piers 44. ____ Crawl Space 45. ____ Basement

- | | | |
|---|--|--|
| F. DIMENSIONS
46. Number of stories _____
47. Total square feet of finished floor area, all floors _____
48. Total land use area, sq ft _____ | G. NUMBER OF PARKING SPACES
49. Enclosed _____
50. Outdoors _____ | H. RESIDENTIAL BUILDINGS ONLY
51. Number of bedrooms _____
52. Number of bathrooms
Partial _____
Full _____ |
|---|--|--|

V. IDENTIFICATION		
<u>A. OWNER OR LESSEE NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	FAX NUMBER	
CITY	STATE & ZIP CODE	
<u>B. ARCHITECT OR ENGINEER NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	FAX NUMBER	
CITY, STATE, ZIP	LICENSE # & EXP.	
<u>C. CONTRACTOR NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	FAX NUMBER	
CITY	STATE	ZIP CODE
BUILDERS LICENSE #	EXPIRATION DATE	
FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION		
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		
VI. APPLICANT INFORMATION: APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THE APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.		
NAME	TELEPHONE NUMBER	
ADDRESS	CELL PHONE NUMBER	
CITY/ STATE/ ZIP CODE	FAX NUMBER	
EMAIL ADDRESS	Preferred method of contact for plan reviews _____	
FEDERAL EMPLOYER I.D. # (or reason for exemption)		
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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1253a 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.		
<u>APPLICANT SIGNATURE:</u>		<u>APPLICATION DATE</u>
<u>PRINT APPLICANT NAME:</u>		
***remodels only – cost of project:		
NOTES – FOR DEPARTMENT USE		