



Authority: P.A. 230 of 1972, as amended
Completion: Mandatory to obtain permit
Penalty: Application must be completed, signed, and proper fee enclosed or permit will not be issued.

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Alcona COUNTY

216 W Main St Harrisville, MI 48740

PHONE: (989) 724-9440 - FAX: (989) 724-9449

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, AND VI
 NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION
 FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. LOCATION OF BUILDING

Address		Tax ID Number (TIN)	
Post Office		State MICHIGAN	Zip
City (if inside limits of Gladwin or Beaverton)	Township (if not in either city)	Section Number	County Alcona
Subdivision		Lot number	Block number

II. IDENTIFICATION

A. OWNER OR LESSEE

Name		Telephone number	
Address	City	State	Zip

B. ARCHITECT OR ENGINEER

Name		Telephone number	
Address	City	State	Zip
License number		Expiration date	

C. CONTRACTOR

Name		Telephone number	
Address	City	State	Zip
Builder's License number		Expiration date	
Federal Employer ID number or reason for exemption			
Worker's Comp Insurance Carrier or reason for exemption			

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT		Type:	Use group:	
1. <input type="checkbox"/> New Building	3. <input type="checkbox"/> Repair/Alteration	5. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Foundation Only	9. <input type="checkbox"/> Attached Garage
2. <input type="checkbox"/> Addition	4. <input type="checkbox"/> Roof	6. <input type="checkbox"/> Repair/Replace	8. <input type="checkbox"/> Detached Garage	
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Energy

IV. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

Name		Telephone number	
Address	City	State	Zip
Federal I.D. Number/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 that 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, 1523a of the Michigan Compiled Laws, prohibits persons 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.

Make Checks payable to: Alcona County

FEE ENCLOSED \$ _____ **Check #:** _____

Signature of Applicant _____
 X _____ Date: _____

V. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VALIDATION (Department Use Only)

NOTES & DATA: When mailing an application you must call 989-724-9440 to verify the cost of the building permit.

Use Group	Approval Signature
Fire Group	
Live Loading:	
Occupancy Load:	
	Title