

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION



**CITY OF GLADSTONE, MICHIGAN**

CITY HALL, 1100 DELTA AVENUE P.O. BOX 32 GLADSTONE, MI 49837

**Michael Lindahl**  
 Building Inspector  
 License # 005834  
 Cell: 906-280-8505

PHONE: 906-428-2311  
 FAX: 906-428-3122  
 www.gladstonemi.org

Phone (906) 428-4586  
 Fax (906) 428-1730

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

PERMIT #

STREET ADDRESS

APPLICANT'S NAME

<b>I. LOCATION OF BUILDING</b>				
ADDRESS _____				
CITY OR TOWNSHIP _____	TOWNSHIP _____ N	RANGE _____ W	SECTION _____	TAX CODE # _____
BETWEEN _____	STREET AND		STREET _____	
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME _____			TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME _____			TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	
LICENSE NUMBER _____			EXPIRATION DATE _____	
<b>C. CONTRACTOR</b>				
NAME _____			TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	
BUILDERS LICENSE NUMBER _____			EXPIRATION DATE _____	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _____				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1 <input type="checkbox"/> NEW BUILDING	3 <input type="checkbox"/> ALTERATION	5 <input type="checkbox"/> WRECKING	7 <input type="checkbox"/> FOUNDATION ONLY	9 <input type="checkbox"/> RELOCATION
2 <input type="checkbox"/> ADDITION	4 <input type="checkbox"/> REPAIR	6 <input type="checkbox"/> MOBILE HOME SET-UP	8 <input type="checkbox"/> PREMANUFACTURE	
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	
<b>C. ESTIMATED COST OF CONSTRUCTION \$ _____</b>				

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- |   |   |  |
|---|---|--|
| 1 <input type="checkbox"/> ONE FAMILY                           | 3 <input type="checkbox"/> HOTEL, MOTEL<br>(NO. OF UNITS) | 5 <input type="checkbox"/> DETACHED GARAGE |
| 2 <input type="checkbox"/> TWO OR MORE FAMILY<br>(NO. OF UNITS) | 4 <input type="checkbox"/> ATTACHED GARAGE                | 6 <input type="checkbox"/> OTHER           |

**B. NON-RESIDENTIAL - USE GROUPS**

- |   |  |   |
|---|--|---|
| 7 <input type="checkbox"/> ASSEMBLY             | 11 <input type="checkbox"/> EDUCATIONAL        | 15 <input type="checkbox"/> MODERATE HAZARD STORAGE   |
| 8 <input type="checkbox"/> BUSINESS             | 12 <input type="checkbox"/> INSTITUTIONAL      | 16 <input type="checkbox"/> UTILITY OR MISCELLANEOUS  |
| 9 <input type="checkbox"/> FACTORY & INDUSTRIAL | 13 <input type="checkbox"/> MERCANTILE         | 17 <input type="checkbox"/> MIXED USE - NON-SEPARATED |
| 10 <input type="checkbox"/> HIGH HAZARD         | 14 <input type="checkbox"/> LOW HAZARD STORAGE | 18 <input type="checkbox"/> MIXED USE - SEPARATED     |

NONRESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF 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.

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**V. CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

- |  |                                       |   |  |                                  |
|--|---------------------------------------|---|--|----------------------------------|
| 1 <input type="checkbox"/> MASONRY, WALL BEARING | 2 <input type="checkbox"/> WOOD FRAME | 3 <input type="checkbox"/> STRUCTURAL STEEL | 4 <input type="checkbox"/> REINFORCED CONCRETE | 5 <input type="checkbox"/> OTHER |
|--|---------------------------------------|---|--|----------------------------------|

**B. PRINCIPAL TYPE OF HEATING FUEL**

- |                                |                                |  |                                 |                                   |
|--------------------------------|--------------------------------|--|---------------------------------|-----------------------------------|
| 6 <input type="checkbox"/> GAS | 7 <input type="checkbox"/> OIL | 8 <input type="checkbox"/> ELECTRICITY | 9 <input type="checkbox"/> COAL | 10 <input type="checkbox"/> OTHER |
|--------------------------------|--------------------------------|--|---------------------------------|-----------------------------------|

**C. TYPE OF SEWAGE DISPOSAL**     PUBLIC     PRIVATE     NONE

**D. TYPE OF WATER SUPPLY**     PUBLIC     PRIVATE     NONE

**E. TYPE OF MECHANICAL**    WILL THERE BE?    HEATING     AIR CONDITIONING     ELEVATOR

**F. ELECTRICAL**     YES     NO

**G. DIMENSIONS**

11 NUMBER OF STORIES _____	12 FLOOR AREA: BASEMENT _____
	1ST & 2ND FLOOR _____
ARE YOU WITHIN 500' OF A LAKE OR STREAM <input type="checkbox"/> YES <input type="checkbox"/> NO	3RD - 10TH FLOOR _____
	11TH - ABOVE FLOOR _____
TOTAL LAND AREA (SQUARE FEET) _____ BEING DISTURBED	GARAGE _____
	TOTAL AREA _____

**H. NUMBER OF OFF STREET PARKING SPACES**

- |                   |                   |
|-------------------|-------------------|
| 13 ENCLOSED _____ | 14 OUTDOORS _____ |
|-------------------|-------------------|

**VI. APPLICANT INFORMATION**

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

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

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 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 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.

FEE ENCLOSED \$	RECEIPT #	DATE
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SIGNATURE OF APPLICANT \_\_\_\_\_

**VII. TO BE COMPLETED BY THE APPROPRIATE AGENCIES**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - DRAINAGE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - WELL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - SEPTIC SYSTEM	<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 - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

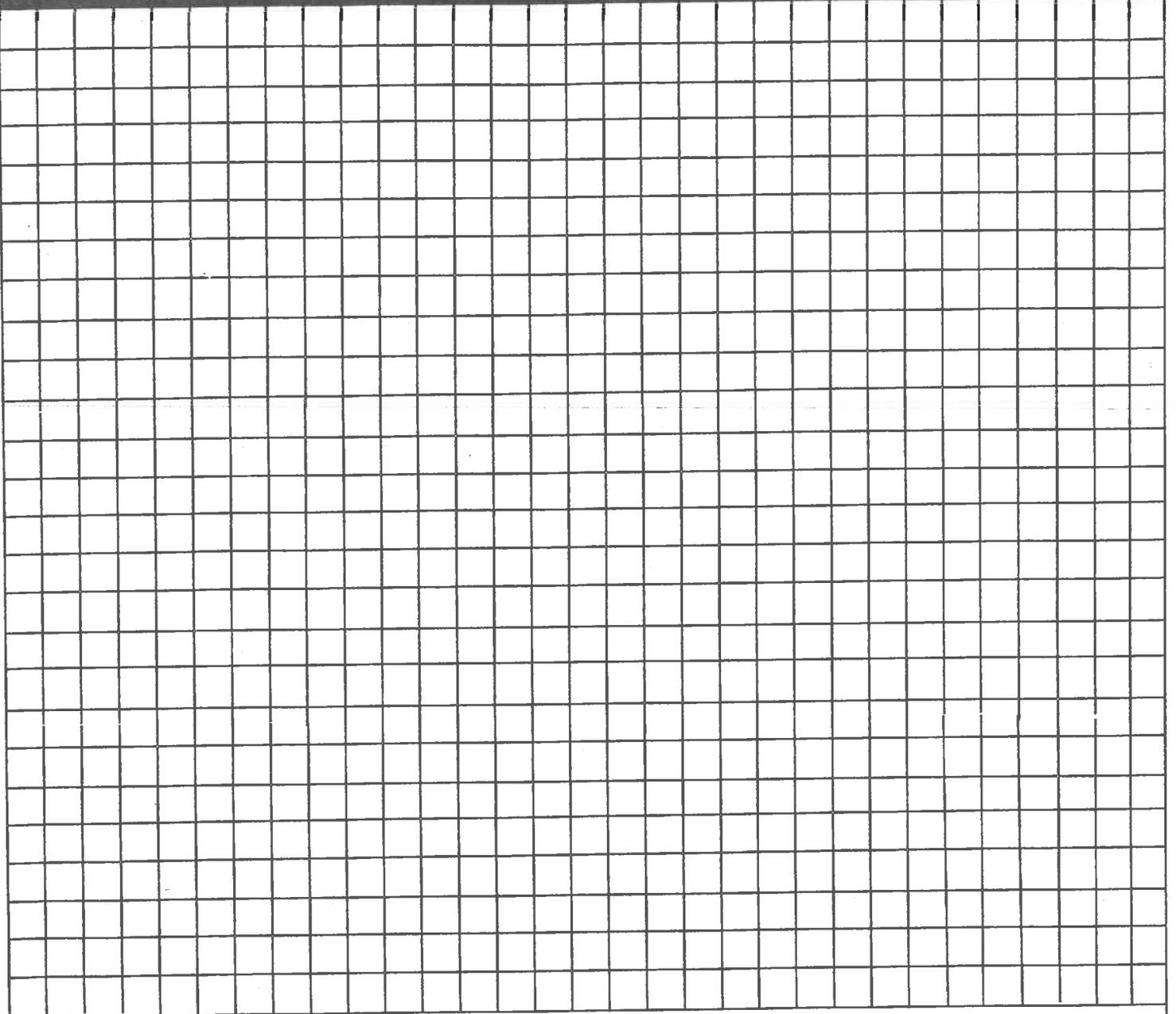
**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

NOTES AND DATA

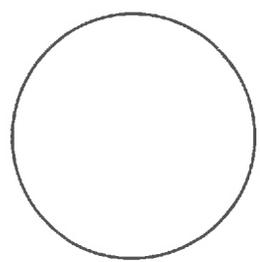
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 \_\_\_\_\_  
 \_\_\_\_\_

BUILDING PERMIT NUMBER	APPROVAL SIGNATURE
ISSUE DATE	
PERMIT FEE	TITLE
PLAN REVIEW FEE	

**IX. SITE OR PLOT PLAN - FOR APPLICANT USE: INDICATE LOT LINES, BUILDING LOCATIONS AND SIZES AND ALL DIMENSIONS AND DISTANCES.**



**INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:**



**BUILDING PERMIT**

**Permit #** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Applicant: Name & Address**

**Owner: Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Construction Type:** \_\_\_\_\_

**Inspections:** It is the responsibility of the permit holder to arrange for inspections of all work before it is covered. This should be done by calling the Building Inspector at least 2 working days in advance to avoid delays; (906) 280-8505 cell number. In general the following inspections are made:

**Footings:** To be made when forms are complete.

**Foundation:** To be made when foundation, damp proofing and drain tile are complete and ready for backfill. (Not required for building on a slab.)

**Framing:** To be made when building is ready for insulation and interior wall covering. (After plumbing, wiring, and heating is roughed in.)

**Final:** To be made when all work under the permit is completed and ready for occupancy. (Required before occupancy is permitted.)

**Inspections-**

Footings: \_\_\_\_\_

Date: \_\_\_\_\_

Foundation: \_\_\_\_\_

Date: \_\_\_\_\_

Framing: \_\_\_\_\_

Date: \_\_\_\_\_

Final: \_\_\_\_\_

Date: \_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_

**Permit Fee:** \_\_\_\_\_

\_\_\_\_\_  
**Building Inspector**

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**CERTIFICATE OF OCCUPANCY**

This certificate of occupancy is to certify that all work authorized under this permit has been completed and inspected.

\_\_\_\_\_  
**Building Inspector**

\_\_\_\_\_  
**Date**