

Building Permit Application  
Mason County Building Dept.  
102 E. 5<sup>th</sup> St.  
Scottville, MI 49454  
(232)757-9345 or (231)757-9272

[www.masoncounty.net](http://www.masoncounty.net)

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V AND VI

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. Project Information			
Project name(if applicable)		Address of building site	
Name of City, Village or Township in which job is located <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:		Section	Zip Code
Nearest crossroads/special directions			
II. Identification			
A. Owner or Lessee			
Name		Address	
City	State	Zip Code	Telephone # (include Area Code)
B. Architect or Engineer			
Name		Address	
City	State	Zip Code	Telephone # (include Area Code)
License Number		Expiration Date	
C. Contractor			
Name		Address	
City	State	Zip Code	Telephone # (include Area Code)
Builders License Number		Expiration Date	
Federal Employer ID Number (or reason for exemption)			
Workers Comp Insurance Carrier (or reason for exemption)			
UIA Number (or reason for exemption)			
III. Type of Improvement and Plan Review			
A. Type of Improvement			
<div style="display: flex; flex-wrap: wrap; padding: 0;"><div style="width: 50%;"><input type="checkbox"/> 1. New Building</div><div style="width: 50%;"><input type="checkbox"/> 3. Alteration</div><div style="width: 50%;"><input type="checkbox"/> 5. Demolition</div><div style="width: 50%;"><input type="checkbox"/> 7. Foundation Only</div><div style="width: 50%;"><input type="checkbox"/> 9. Relocation</div><div style="width: 50%;"><input type="checkbox"/> 2. Addition</div><div style="width: 50%;"><input type="checkbox"/> 4. Repair</div><div style="width: 50%;"><input type="checkbox"/> 6. Mobile Home Set-up</div><div style="width: 50%;"><input type="checkbox"/> 8. Premanufacture</div><div style="width: 50%;"><input type="checkbox"/> 10. Special Inspection</div></div>			
B. Plan Review Required			
<b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below</b>			
<b>Plans are not required</b> for alterations and repair work determined by the building official to be of a minor nature & residential under 3,500 sf			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal.			

IV. Proposed Use of Building																															
A. Residential																															
<input type="checkbox"/> 1. One Family No. of Bedrooms _____	<input type="checkbox"/> 3. Hotel, Motel No. of Units _____	<input type="checkbox"/> 5. Detached Garage/Pole Building																													
<input type="checkbox"/> 2. Two or More Family No. of Units _____	<input type="checkbox"/> 4. Attached Garage	<input type="checkbox"/> 6. Other _____																													
B. Non-Residential																															
<input type="checkbox"/> 7. Amusement <input type="checkbox"/> 8. Church, Religion <input type="checkbox"/> 9. Industrial <input type="checkbox"/> 10. Parking Garage	<input type="checkbox"/> 11. Service Station <input type="checkbox"/> 12. Hospital, Institutional <input type="checkbox"/> 13. Office, Bank, Professional <input type="checkbox"/> 14. Public Utility	<input type="checkbox"/> 15. School, Library, Educational <input type="checkbox"/> 16. Store, Mercantile <input type="checkbox"/> 17. Tanks, Towers <input type="checkbox"/> 18. Other _____																													
<b>Residential</b> – Describe in detail proposed project e.g. new dwelling, addition, garage, pole building, decks/porches <b>Non-Residential</b> – Describe in detail proposed use of building e.g. Food Processing Plant, Machine Shop, Laundry Building at Hospital, Elementary/Secondary /Parochial School, College, Parking Garage for Department store, Rental Office Building, Office building at Industrial Plant. If use of existing building is being changed, enter proposed use.																															
V. Selected Characteristics of Building																															
A. Principal Type of Frame																															
<input type="checkbox"/> 1. Masonry, Wall Bearing <input type="checkbox"/> 2. Wood Frame <input type="checkbox"/> 3. Structural Steel <input type="checkbox"/> 4. Reinforced Concrete <input type="checkbox"/> 5. Other _____																															
B. Principal Type of heating Fuel																															
<input type="checkbox"/> 6. Gas <input type="checkbox"/> 7. Oil <input type="checkbox"/> 8. Electricity <input type="checkbox"/> 9. Propane <input type="checkbox"/> 10. Other _____																															
C. Type of Sewage Disposal																															
<input type="checkbox"/> 11. Public or Private Company <input type="checkbox"/> 12. Septic System																															
D. Type of Water Supply																															
<input type="checkbox"/> 13. Public or Private Company <input type="checkbox"/> 14. Private Well or Cistern																															
E. Type of Mechanical																															
15. Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No                              16. Will there be Fire Suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
F. Dimensions/Data (Give Dimensions in Length and Width)																															
17. Number of Stories _____ 18. Height to Peak _____ 19. Garage/Pole Building _____ 20. Decks/Porches _____ 21. Estimated Cost \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Existing</th> <th style="width: 20%; text-align: center;">Alterations</th> <th style="width: 20%; text-align: center;">New</th> </tr> <tr> <td>21. Floor Area Basement</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Finished/Unfinished</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1<sup>st</sup> Floor</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2<sup>nd</sup> Floor</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total Area (in Sq. Ft.)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				Existing	Alterations	New	21. Floor Area Basement	_____	_____	_____	Finished/Unfinished				1 <sup>st</sup> Floor	_____	_____	_____	2 <sup>nd</sup> Floor	_____	_____	_____	Other	_____	_____	_____	Total Area (in Sq. Ft.)	_____	_____	_____
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1 <sup>st</sup> Floor	_____	_____	_____																												
2 <sup>nd</sup> Floor	_____	_____	_____																												
Other	_____	_____	_____																												
Total Area (in Sq. Ft.)	_____	_____	_____																												
G. Number of Off Street Parking Spaces																															
22. Enclosed _____		23. Outdoors _____																													

<b>VI. Applicant Information</b>			
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.</b>			
Name		Address	
City	State	Zip Code	Telephone # (include Area Code)
Federal Employer ID Number (or reason for exemption)			
<p>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 Stat of Michigan. All information submitted on this application is accurate to the best of my knowledge</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Section 23a of the state construction code act of 1972, 1972 PS 230, MCL 125.1523a, prohibits a person from conspiring to circumvent this licensing requirements of this state relating to persons who are to perform work on a residential building of a residential structure. Violators of section 23a are subjected to civil fines.</b></p> </div>			
<b>SIGNATURE OF APPLICANT</b>			
Building Fee \$ _____ (Call for amount) (231) 757-9272 or 757-9345		<b>NOTE: THIS IS THE APPLICATION FOR A BUILDING PERMIT.</b> THE BUILDING PERMIT WILL BE MAILED TO YOU AFTER APPROVAL	
<b>VII. Local governmental Agency to Complete This Section</b>			
Environmental Control Approvals			
	Required?	Approved	Date
	Number	By	
A – Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> no		
B – Address	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C – Septic/Well	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D – Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E – Natural River/DNRE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F – Critical Dunes/DNRE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G – MCRC/MDOT Driveway Cut	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H – Public Works/Sewer	<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		
<b>VIII. Validation- For Department Use Only</b>			
Use Group _____		Application Fee (non-refundable) _____	
Type of Construction _____		Number of Inspections _____	
Square Feet _____			
<b>APPROVAL SIGNATURE</b>			
Title		Date	

IX. Site or Plot Plan – For Applicant Use – Draw a sketch of your project (non-commercial or residential under 3,500 sf). Indicate dimensions of new and existing buildings and structures, distance from lot lines, all roads and which direction is north.

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for drawing a site or plot plan.

**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 MAY 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. AFTER THE FIRST YEAR, THE CHARGE FOR PERMIT RENEWAL FOR AN ADDITIONAL 180 DAYS IS \$40. PLEASE CONTACT THE BUILDING INSPECTOR (757-9345 EXT. 15) IF UNIQUE CIRCUMSTANCES ARISE THAT MAY REQUIRE MORE THAN ONE RENEWAL.**