

# APPLICATION FOR BUILDING PERMIT



**County of Marquette**  
 RESOURCE MANAGEMENT/DEVELOPMENT DEPT.  
 County Courthouse  
 Marquette, MI 49855  
 906/225-8180  
 1-800-562-9788 U.P. ONLY  
[WWW.CO.MARQUETTE.MI.US](http://WWW.CO.MARQUETTE.MI.US)

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V, VI  
**NOTE: PLUMBING, MECHANICAL AND ELECTRICAL WORK NEED SEPARATE PERMITS**

I. LOCATION OF BUILDING					
ADDRESS					PARCEL / PROPERTY ID#
CITY	TOWNSHIP	TOWNSHIP	RANGE	SECTION	52-____-____-____-____
BETWEEN		_____ N	AND	_____ W	
STREET			STREET		
II. IDENTIFICATION					
A. OWNER OR LESSEE					
NAME				TELEPHONE NUMBER	
ADDRESS		CITY	STATE MI	ZIP	E-MAIL ADDRESS
B. ARCHITECT OR ENGINEER (LEAVE BLANK IF NONE)					
NAME				TELEPHONE NO.	
ADDRESS		CITY	STATE MI	ZIP CODE	E-MAIL ADDRESS
LICENSE NUMBER			EXPIRATION DATE		
C. CONTRACTOR (LEAVE BLANK IF NONE)					
NAME				TELEPHONE NO.	
ADDRESS		CITY	STATE MI	ZIP CODE	E-MAIL ADDRESS
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					
III. TYPE OF IMPROVEMENT AND PLAN REVIEW					
A. TYPE OF IMPROVEMENT					
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> PREMANUFACTURE	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STATE <input type="checkbox"/> HUD	
B. REVIEW(S) TO BE PERFORMED					
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL		
C. ESTIMATED COST OF CONSTRUCTION \$					

#### IV. PROPOSED USE OF BUILDING

##### A. RESIDENTIAL

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> HOTEL, MOTEL	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> OTHER
<input type="checkbox"/> TWO OR MORE FAMILY _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> ADDITION _____	_____

##### B. NON-RESIDENTIAL – USE GROUPS

<input type="checkbox"/> ASSEMBLY	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> MODERATE HAZARD STORAGE
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> UTILITY OR MISCELLANEOUS
<input type="checkbox"/> FACTORY & INDUSTRIAL	<input type="checkbox"/> MERCHANTILE	<input type="checkbox"/> MIXED USE – NON-SEPARATED
<input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> LOW HAZARD STORAGE	<input type="checkbox"/> MIXED USE - SEPARATED

##### REMODELING OR INSTALLING A COMMERCIAL AND/OR LICENSABLE KITCHEN, A BAR OR A COFFEE SHOP.

Staff notified Environmental Health Date: \_\_\_\_\_ Initials: \_\_\_\_\_

NONRESIDENTIAL – DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, 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.

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

#### V. CHARACTERISTICS OF BUILDING

##### A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING       WOOD FRAME       STRUCTURAL STEEL       REINFORCED CONCRETE       OTHER

##### B. PRINCIPAL TYPE OF HEATING FUEL

GAS       OIL       ELECTRICITY       COAL       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 OF STRUCTURE

NUMBER OF STORIES _____ (INCLUDING LOFTS ON GARAGES)	WHAT WILL BASEMENT BE USED AS: <input type="checkbox"/> RECREATION <input type="checkbox"/> UTILITY <input type="checkbox"/> SLEEPING <input type="checkbox"/> BATHROOM <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER	<b>FLOOR AREA:</b> BASEMENT _____ 1 <sup>ST</sup> & 2 <sup>ND</sup> FLOOR _____ 3 <sup>RD</sup> - 10 <sup>TH</sup> FLOOR _____ DECKS & PORCHES _____ GARAGE _____ LOFT _____ TOTAL AREA _____
<b>H. CHARACTERISTICS OF BUILDING SITE</b> ARE YOU WITHIN 500' OF A LAKE OR STREAM <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL LAND AREA BEING DISTURBED, INCLUDING LAWN, DRIVEWAY, AND ALL OTHER CLEARED AREAS. _____	

**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.	E-MAIL ADDRESS	
ADDRESS			CITY	STATE MI
ZIP				

**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.

**PRINT NAME**

**SIGNATURE OF APPLICANT**

**Date**

**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	REQUIRED FOR ANY BUILDING PERMIT SUBMITTED.			
B – DRAINAGE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C – WELL	YES <input type="checkbox"/>				
D – SEPTIC SYSTEM	YES <input type="checkbox"/>				
E – SOIL EROSION	YES <input type="checkbox"/>				
F – FLOOD ZONE	YES <input type="checkbox"/>				
G – AIRPORT ZONING	YES <input type="checkbox"/>	IF WITHIN A 10 MILE RADIUS OF AIRPORT			

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

NOTES AND DATA

**IF PAYING BY CHECK – MAKE PAYABLE TO MARQUETTE COUNTY. WE ALSO ACCEPT MASTERCARD, AMERICAN EXPRESS AND DISCOVER – THERE IS A 3% CONVENIENCE FEE ADDED.**

BUILDING PERMIT NUMBER		ISSUE DATE
PERMIT FEE	RECEIPT #	APPROVAL SIGNATURE
PLAN REVIEW FEE	TITLE	
AIRPORT ZONING FEE	DATE SIGNED:	

**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:**

