



# BUILDING PERMIT APPLICATION

NO. \_\_\_\_\_

TO BE COMPLETED BY APPLICANT

## MUSKEGON HEIGHTS, MICHIGAN

DEPARTMENT OF INSPECTIONS AND ZONING  
2724 Peck Street • Zip Code 49444  
Phone 733-8860 Fax 733-8867

As Required by: PUBLIC ACT 135 OF 1989-STATE OF MICHIGAN

JOB ADDRESS		LEGAL DESCIP.	LOT NO. BLOCK NO.	SUB'D OR ADDITION			
<b>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information</b>							
OWNER/LESSEE	MAIL ADDRESS	CITY/STATE	ZIP CODE	REASON FOR EXEMPTION			
FEDERAL I.D. NO./SOC. SEC. NO.				CITY LIC. NO./STATE			
CONTRACTOR	MAIL ADDRESS	PHONE	ZIP CODE				
FEDERAL I.D. NO./SOC. SEC. NO.				STATE LICENSE NO.			
ARCHITECT OR ENGINEER	MAIL ADDRESS	PHONE	ZIP CODE				
Class of Work	<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> SIGN
	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> SWIMMING POOLS	<input type="checkbox"/> FENCE	<input type="checkbox"/> RENTAL	<input type="checkbox"/> OTHER
	<input type="checkbox"/> RESIDENTIAL						
	<input type="checkbox"/> MOBILE HOME						
Describe Work:				<b>DO NOT WRITE IN THE SPACE BELOW</b>			
				Use of Building:			
				Change of Use To:			
				Valuation: \$	Fee:		
				Foundation Only: <input type="checkbox"/>	Fee:		
				Starter Fee:			
				Time and Material: <input type="checkbox"/>	Fee's:		
Starting Date:				Permit Fee:			
				Plan Review Fee:			
All work must comply with uniform code as adopted by reference city ordinance Ch. 98				Type of Const.	Occupancy Group	Division	
SPECIAL CONDITIONS: POUR NO CONCRETE UNTIL FORMS ARE APPROVED. CALL 24 HOURS IN ADVANCE				Size of Bldg. (Total) Sq.Ft.	No. of Stories	Max. Occ. Load	
				Fire Zone	Use Zone	Fire Sprinklers	
				Variance	Off St. Parking	Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
				No. of Dwelling Units			
<b>NOTE:</b> All New construction must be approved by the building official before issuance				<b>Special Approvals</b>	<b>Required</b>	<b>Received</b>	<b>Not Required</b>
Application Accepted by		Plans Checked by		Approved for issuance by			
Bldg Insp	Secretary	Rental	Building Inspector or Authorized Persons				
				ZONING			
				HEALTH DEPT.			
				FIRE DEPT.			
				SOIL REPORT			
				OTHER (Specify)			
				REVIEW(S) TO BE PERFORMED		DATE	
				SITE PLAN:			
				PLUMBING:			
				MECHANICAL:			
				ELECTRICAL:			
				ENERGY:			
				BARRIER FREE:			
<b>NOTICE</b>				<b>NOTICE CALL FOR FINAL INSPECTION</b>			
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.							
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 30 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 60 DAYS AT ANY TIME AFTER WORK IS COMMENCED.							
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.							
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.							
TO HOMEOWNERS WHO ARE APPLYING FOR A PERMIT (WHEN NO OTHER CONTRACTOR ASSISTANCE IS BEING USED), UNDER REASON FOR EXEMPTION STATE THAT YOU ARE THE HOMEOWNER AND WILL BE DOING THE WORK.							

SIGNATURE OF APPLICANT \_\_\_\_\_ OWNER/CONTRACTOR \_\_\_\_\_ DATE: \_\_\_\_\_