

Construction Address: _____

Date: _____



Newaygo County Building Department

306 North Street, PO Box 885, White Cloud, MI 49349 (231) 689-7216 FAX (231) 689-7219

Office Hours: 8:00 a.m. - Noon and 1:00 p.m. - 4:00 p.m.

Please answer all questions that pertain to your construction. Check the appropriate box or fill in blank as required.

DESCRIPTION (Check One) New Home Size ___ x ___ Addition Size ___ x ___

Garage: Size ___ x ___ Unattached Attached (If attached, drywall is required on the garage inside wall)

Pole Bldg: Size ___ x ___ Breeze way: Size ___ x ___ Deck / Balcony (see page 2 Item M- #15)

Roof System: Size ___ x ___ (Roof Go to item # N) Other _____

A. Type Of Frame (for house, garage or addition)

1. Masonry Wood Frame Structural Steel Reinforced Concrete Other-Specify _____

B. Dimensions :

2. No. Stories ___ sq. ft.(1st floor)___ sq. ft.(2nd floor)___ No. bedrooms ___ No. Full Bathrooms ___

No. Partial bathrooms ___ Basement (Finished Unfinished) Crawl Space - Other _____

C. Footing/Foundation

3. Footing Type. Concrete Wood Post/pier Mono Slab Other _____

4. Soil types: Sand Clay Other _____

D. Interior Walls:

5. Wood Stud Steel stud Block Other _____

E: Floors:

6. Engineered Joists Standard (size. 2 x ___) Spacing: 12" 16" 24" 48" (span in ft. _____)

F. Roof Framing:

7. Engineered trusses :(size ___ ft) Standard Rafters: 2 x ___ Spacing: 12" 16" 19.2" 24" 48"

Span: ___ ft: (Note: Must submit sealed Engineered drawings prior to rough in.)

8.Type of ventilation: Ridge vent: Gable vent turbine vents: Soffit vents Roof louvers

G. Decks/Balcony:

9. Treated framing Guard rails, Height of deck above grade _____ (Guard rail required if 30" above grade)

H. Windows:

10. Bedrooms egress size _____ x _____ R.O. (Note: Minimum egress size 3' 2" x 4' 9")

I. Smoke Detectors:

11: Electrical with battery back up Battery only (special conditions only, check with inspection dept.)

J. Type of Heating:

12. Gas Oil Elect Wood Other _____

K. Sewage Disposal :

13. Public or Private Septic Tank Privie Other-specify _____

L. Type of Water supply:

14. Public Private (Well) Other _____

M. Deck/Balcony:

15. Attached to House: Yes [] No [] Attached to Pool: yes [] No [] Pressure Treated Wood [] Other _____
Size ___ x ___ Size ___ x ___ Size ___ x ___ Size ___ x ___
Decking material [] 2x4 [] 2x6 [] 5/4 x 6's Other _____
Guard rail [] yes [] No (required if 30" above grade) Other _____

N. Roof System / Roof over Mobile:

16. Posts : Pressure Treated [] Size: [] 4"x4" [] 4"x6" [] 6"x6" Other [] _____ Depth [] 36" [] 42" [] 48"
17. Truss Carriers: Number [] 1 [] 2 [] 3 [] Other _____ Size: [] 2"x 8" [] 2"x10" [] 2"x12" [] LVL
18. Roof Trusses: (Fill out item # 7) or [] Site built (Must receive approval from building department prior to construction)
19. Walls: framing: [] 2"x4" [] 2"x6" [] Other _____
20. Sheathing: Type: _____
21. Are you installing exterior walls around your mobile home? [] yes [] no : (show a detail wall section if yes.)

Notes :

Insulation: Wall = R-21: Roof, Ceiling = R-49: Floors over unconditioned Space = R-21: Slabs on Grade = R13-4ft.
Crawl space walls R- 20, Basement walls continuous insu. R-10, cavity R-11
Plans: Floor Plans are required to be submitted with this form.
Contractors: Must be registered with the Building dept. prior to receiving permits.

Plan Review Notes:



Newaygo County Building Department

Permit No. _____

Use Group __Type Const _____
Permit fee \$ _____ .00
Plan Review Fee \$ _____ .00
Total \$ _____ .00

P.O. Box 885, 306 South North Street
White Cloud, MI 49349
Phone (231) 689-7216 FAX (231) 689-7219

Office Hours:
Monday - Thursday
8:00 a.m. - 12:00 p.m.
1:00 p.m. - 4:00 p.m.

APPLICATION FOR PLAN REVIEW, BUILDING OR MOBILE HOME PERMIT
(Permit fee must accompany application.)

LOCATION OF BUILDING
Check No. Receipt No.: Date:
Job Location: _____ N S E W Township/City: _____
Number Street Direction
Between: _____ and _____ Section: _____
Cross Street Cross Street
Subdivision: _____ Lot: _____ Parcel No: 62- - - -
If Known (If located in a park, name of park & lot no.) If Known
Is the above property lakefront? Yes No Within 500 feet of a river, lake or drain? Yes No

APPLICANT

Applicant: _____ OFFICIAL USE ONLY
PO Box/Suite No/Bldg. Name: _____ Required Permits: []Elec. []Mech. []Plumb
Street Address: _____ APPROVAL No. of Inspections. _____
City: _____
State: _____ Zip: _____
Project: _____ [] Rolled plans [] Spec Book

TYPE OF IMPROVEMENT (List all that apply)

1. [] New Building 2. [] Addition 3. [] Alteration 4. [] Repair, replacement 5. [] Demolition
6. [] Moving Structure w/ Foundation 7. [] Change of Use from _____ to _____
8. [] Other 9. [] Other _____

PROPOSED USE-Residential-One and Two Family (check all that apply & include size/area of each use)

1. [] One family or 2. [] Two family _____ x _____ & _____ x _____ 3. [] 2nd Floor/Loft _____ sf.
4. [] Basement _____ x _____ & _____ x _____ 5. [] Basement Finished _____ x _____ & _____ x _____
6. [] Deck _____ x _____ & _____ x _____ 7. [] Porch _____ x _____ & _____ x _____ & _____ x _____
8. [] Garage: _____ x _____ & _____ x _____ Attached? [] yes [] no Type: [] Conventional [] Pole
9. [] Carport _____ x _____ 10. [] Roof System _____ x _____ 11. [] Other Specify _____
12. [] Modular 13. [] Single Wide Mobile Home 14. [] Double Wide Mobile Home
Size _____ x _____ Make/Model _____ Year _____ Serial No. _____

-Nonresidential and Multi-Family Residential

1. [] Theater A-1 2. [] Restaurant A-2 3. [] Church, Library, Court A-3 4. [] Recreational A-4&5
5. [] Business, Office, Bank B 6. [] Educational, School, Day Care E 7. [] Factory, Industrial F-1&2
8. [] High Hazard H-1-5 9. [] Institutional, Jail, Hospital I-1-4 10. [] Mercantile, Stores, Service Sta. M
11. [] Multi-Family, Hotel, Motel R-1 12. [] Multi-Family, Apartments R-2 13. [] 1&2 Family <5, R-3
14. [] Residential, Assisted Care >5&<16 R-4 15. [] Storage, Warehouse S-1&2 16. [] Tanks, Towers U
Specify Nature of Project _____

SELECTED BUILDING CHARACTERISTICS

Total Sq. Ft. 1st Floor _____ Total Sq. Ft. 2nd Floor _____ Total Sq. Ft. Basement _____
No. of Bedrooms _____ No. of Baths _____ No. of Stories: _____ No. of Bldg: _____ No. of Units: _____

COSTS OF IMPROVEMENTS

Table with 2 columns: Item, Cost. Rows include Building, Electrical, Plumbing, Mechanical, and TOTAL.

COMMENTS

Address: _____ Township/City: _____ Permit no. _____

REQUIRED PERMITS AND CLEARANCES (refer to hand-out for additional information)

1. TOWNSHIP/CITY ZONING OFFICIAL -Zoning Permit/Clearance (must provide a copy)

Required - Contact: _____ Telephone: _____

2. DRAIN COMMISSIONER - Soil Erosion Permit

Required - Contact: Mon. - Fri. 7:00-12:00 & 1:00-4:00 Telephone: (231) 689-7213

Date Approved: _____ Number: _____ By: _____ Dept. Author: _____

3. HEALTH DEPARTMENT - Sewage Treatment/Well/BPA (must provide a copy)

Required - Contact: Mon. - Fri. 8:00 - 4:30 Telephone: (231) 355-7537

Date Approved: _____ Number: _____ By: _____ Dept. Author: _____

4. MICHIGAN DEPARTMENT OF NATURAL RESOURCES - Floodplain/Wetland Construction Permit

Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (616) 456-5071

5. COUNTY ROAD COMMISSION - Driveway Permit

Required - Contact: Call for Summer or Winter hours Telephone: (231) 689-6682

IDENTIFICATION

OWNER OR LESSEE: Name: _____ Drivers License No. _____

Address: _____ Phone: _____ FAX: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Owner: Lessee:

ARCHITECT OR ENGINEER: Name: _____

Address: _____ Phone: _____ FAX: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ License No: _____ Expir. Date: _____

LICENSED CONTRACTOR: Name: _____ Newaygo Co. ID No. _____

Address: _____ Phone: _____ FAX: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ License No: _____ Expir. Date: _____

Worker's Disability Insurance Carrier (or reason for exemption): _____

Federal Employer Identification No. (or reason for exemption): _____

Michigan Employment Security Commission Employer No. (or reason for exemption): _____

Note: Section 23a of the state construction code act of 1972, Act No. 230 of the Public Acts of 1972, being sections 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 subjected to civil fines.

APPLICANT AFFIDAVIT

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 this jurisdiction.

Signature of Applicant _____ *Date* _____ *Driver's License No. (required)* _____