



NEWAYGO COUNTY DEPARTMENT of BUILDING SAFETY & PERMITS

306 S North Street, P.O. Box 885
 White Cloud MI 49349
 Telephone (231) 689-7216 Fax (231) 689-7219

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

INSTRUCTION TO APPLICANTS FOR BUILDING PERMITS

As a permit holder please be advised of the following: All code items applicable to your project are subject to field verification with any items discussed verbally or marked on the permit.

Your Permit remains valid for a period of one year from the date of approval and may be renewed for another year upon payment of the renewal fee in affect at the time (Your zoning and health dept. permits may be required to be renewed also)

The following approvals **must be submitted with** your application for a building permit.

1. **A signed Zoning Compliance Permit** must be obtained from your township or city Zoning Official. Permits must list **all** work that is to be undertaken and covered by the building permit. If no zoning approval is necessary according to the zoning ordinance, a written statement stating such is required from the Zoning Official.
2. **Permit for a Septic System or Municipal Sewer Hook-Up** issued by the District #10 Health Department or City, where applicable. Health Department (231) 355-7537
3. **Permit for Water Well or Municipal Water Hook-Up** issued by the District #10 Health Department or City, where applicable. Health Department (231) 355-7537
4. **Application for Building Permit** that is obtained from the Newaygo County Building Department or **on line** at www.countyofnewaygo.com (click on department and scroll down to Bldg Safety & Permits) Additional information or approvals **may be necessary** to issue the permit and must be included with the application if required.
 - a.) **Address for Property** - If you do not have an address for your property, contact the Newaygo County Equalization Department at (231) 689-7244
 - b.) **Soil Erosion Permit** - If proposed construction is within 500 feet of a river, lake, stream, or drain, you must contact the Newaygo County Drain Commissioner's Office. (231) 689-7213
 - c.) **Driveway Permit** - Check with the Newaygo County Road Commission to determine if a permit is necessary. (231) 689-6682
 - d.) **Health Department Approval** - Check with the Health Dept. on **all** new construction prior to obtaining the building permit. (231) 355-7537
5. **Energy Code (Insulation)** If Energy code calculations are required, contact our office for the appropriate forms and further information. Information must be noted on material list **before** plans can be reviewed.
6. **Working Plans or Blueprints** in duplicate, one set for the Building Department and the other to be retained on the job site. Plans should show details of typical construction. **Note:** If engineered floor or roof trusses are used, truss drawings sealed by an architect or engineer must be submitted prior to the rough inspection. Truss drawings may be obtained from your truss supplier. **All residential construction, over 3500 square feet, are required to bear the embossed seal and signature of a registered professional architect or engineer as required by Act 240 of the Public Acts of 1937.**

REQUIRED INSPECTIONS

AFTER A BUILDING PERMIT IS ISSUED

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Building: Footings -must be inspected before pouring concrete, when forms and steel are set.
 Rough-in/Framing- must be inspected before covering the inside walls and ceilings
 Final Building -When all work is finished and approved before occupancy 2. Plumbing: Underground- Prior to covering
 Rough-In-prior to insulation
 Final- When all work is finished 3. Electrical: Service-temporary or permanent installed
 Rough in- prior to insulating
 Final Elect- when all work is finished 4. Mechanical: Underground-prior to covering
 Rough in-Prior to covering walls
 Final- When all work is finished | <p>Note: All final inspections must be made, approvals received and a certificate of occupancy must be obtained before moving into the building</p> |
|---|---|



Newaygo County Building Department

Permit No. _____

306 South North Street, P.O. Box 885

White Cloud, MI 49349

Phone: (231) 689-7216 FAX: (231) 689-7219

Office Hours:

8:00 a.m. - Noon

1:00 p.m. - 4:00 p.m.

Permit fee: \$ _____ .00

Plan Review Fee: \$ _____ .00

Total: \$ _____ .00

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: _____

Between: _____ and _____ Section: _____

Subdivision: _____ Lot: _____ Parcel No: 62- - - -

Is the above property **lakefront?** Yes No **Within 500 feet** of a river, lake or drain? Yes No

APPLICANT

Applicant: _____

PO Box/Suite No/Bldg. Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Project: _____

OFFICIAL USE ONLY

Required Permits: Elec. Mech. Plumb.

Approval: _____ No. of Inspections: _____

Use Group: _____

Type Const: _____

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

COMMENTS

Building	\$ _____ .00	_____
Electrical	\$ _____ .00	_____
Plumbing	\$ _____ .00	_____
Mechanical	\$ _____ .00	_____
TOTAL	\$ _____ .00	_____

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) _____

Sheet)

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 _____

Sheet)

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: