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

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 City Village Township OF:		•	Section	ction		Zip Code		
Nearest crossroads/special direc	ctions		•					
II. Identification								
A. Owner or Lessee								
Name		Address						
City	State	Zip C	Zip Code Telephone # (include Ar		a Code)			
B. Architect or Engineer								
Name		Address						
City	State	Zip C	Zip Code Telephone # (include /		ea 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								
1. New Structure 3. Alteration 5. Demolition					ation Only 9. Relocation anufacture 10. Special Inspection			
	. Repair 6. Mobile Ho	nne se	et-up L	8. Pre-m	anufacture 10.	special inspection		
B. Plan Review Required Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below								
Engineered Plans are not required for alterations and repair work determined by the building official to be of a minor nature & residential less than 3,500 sf; however, a hand drawn floor plan shall be required.								
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								
1. One Family	3. Hotel, Motel	5. Detached Garage/Pole Building						
No. of Bedrooms	No. of Units							
2. Two or More Family	4. Attached Garage	6. Other						
No. of Units								
B. Non-Residential 7. Amusement	11. Service Station	15. School, Library, Educational						
		-						
8. Church, Religion	12. Hospital, Institutional	16. Store, Mercantile						
9. Industrial	13. Office, Bank, Professional	17. Tanks, Towers						
10. Parking Garage	14. Public Utility	18. Other						
Residential – Describe in detail proposed project e.g. new dwelling, addition, garage, pole building, decks/porches Non-Residential – 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								
1. Masonry, Wall Bearing 2. Wood Fra	me 3. Structural Steel 4. Rei	nforced Concrete						
B. Principal Type of Heating Fuel								
☐ 6. Gas ☐ 7. Oil	8. Electricity 9. Pro	pane 10. Other						
C. Type of Sewage Disposal								
11. Public or Private Company	12. Septic System							
D. Type of Water Supply								
13. Public or Private Company	14. Private Well or Cistern							
E. Type of Mechanical								
15. Will there be air conditioning? Yes	No 16. Will there be fire suppre	assion? Vas No						
•	• • • • • • • • • • • • • • • • • • • •	.531011: 1'e5 1'40						
F. Dimensions/Data (Give Dimensions in Lengt	n and width)							
17. Number of Stories		sting Alterations New						
18. Height to Peak	Basement Finished/Unfinished							
19. Garage/Pole Building	1 st Floor							
20. Decks/Porches	2 nd Floor							
21. Estimated Cost \$	Other							
	Total Area (in Sq. Ft.)							
G. Number of Off Street Parking Spaces								
G. Number of On Street Parking Spaces								
23. Enclosed	24. Outdoors							

VI. Applicant Information	D THE DAYAGNE OF	ALL EFFC AND (CUARCES ARRUSAS	NE TO THE A	DDLICATION	AND BALIST		
APPLICANT IS RESPONSIBLE FOI PROVIDE THE FOLLOWING INFO	_	ALL FEES AND (HARGES APPLICAL	BLE TO THIS A	PPLICATION	AND MUST		
Name	ANVIATION.		Address					
Nume	laine			Address				
City	State		Zip Code		Telephone # (include Area Code)			
Email address:								
Eman dadress.								
I hereby certify that the propose		•			•			
this application as his/her autho	_	_	• •	laws of the St	ate of Michi	gan. All information		
submitted on this application is	accurate to the best o	of my knowled	ge.					
Section 23a of the state co	nstruction code act o	f 1072 1072 D	S 220 MCI 12E 1E	222 prohibits	a norson fr	om		
conspiring to circumvent th					-			
a residential building of a r			•		•	WOLK OII		
SIGNATURE OF APPLICANT	esidential structure.	Violators or se	238 816 305	jected to civii	111103.			
SIGNATURE OF APPLICANT								
		NO	TE: THIS IS THE AF	PPLICATION FO	OR A BUILDI	NG PERMIT.		
Building Fee \$	(Call for an	mount)		PERMIT WILL	BE MAILED	TO YOU AFTER		
(231) 757-9272 or			APPROVAL.					
VII. Local Governmental Agency								
	Required?	Approved	ntrol Approvals Date	Numl	hor	Dv		
A – Zoning	Yes no	Арргочец	Date	INUITI	Jei	Ву		
-								
B – Address	Yes No							
C – Septic/Well	Yes No							
D – Soil Erosion	Yes No							
E – Natural River/DNRE	Yes No							
F – Critical Dunes/DNRE	Yes No							
G – MCRC/MDOT Driveway Cut	Yes No							
H – Public Works/Sewer	Yes No							
·								
I – Variance Granted	Yes No							
J – Other	Yes No							
Content								
Expiration of Permit:								
A DEDAME MANY DE CLOCED MANY	EN NO INCRECTIONS	ADE DEGLISCE	D AND CONDUCT		O DAVE OF T	THE DATE OF		
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. 315) IF UNIQUE CIRCUMSTANCES ARISE THAT MAY REQUIRE MORE THAN ONE RENEWAL.								
Mason County will not discrimin	•	idual or group	because of race, se	x, religion, nat	ional origin,	, color, marital		
status, handicap, or political beliefs.								

