



**COMMUNITY BUILDING SERVICES**

<b>BUILDING PERMIT APPLICATION</b> <i>(Commercial &amp; Residential)</i>	Bldg. Permit No. _____
<b>Project Jurisdiction:</b> <input type="checkbox"/> DeWitt Charter Township <input type="checkbox"/> City of DeWitt <input type="checkbox"/> City of Grand Ledge	Utility Permit No. _____

Description of Project: \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Name
Address
Phone

Occupant (if different): \_\_\_\_\_

Market Value of Project (must include labor, material & profit): \_\_\_\_\_

Work will be completed by:     Owner     Occupant     Licensed Contractor (see below)

**CONTRACTOR INFORMATION:**

Business / Organization: \_\_\_\_\_

Contractor: \_\_\_\_\_ Office No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ State License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal ID No. (**DO NOT USE SOCIAL SECURITY NO.**): \_\_\_\_\_

Workers Comp Ins. (or reason for exemption): \_\_\_\_\_

MESC Employer No. (or reason for exemption): \_\_\_\_\_

**ARCHITECT/ENGINEER:**

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ State License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**SEWER CONTRACTOR INFORMATION (if applicable):**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT:**

“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 subjected to civil fines.”

\_\_\_\_\_  
Print
Signature
Date

**BUILDING DEPARTMENT USE ONLY**

\_\_\_\_\_  
Permit Fee
Signature
Date

*The following **MUST** be submitted with an application for building permit, as applicable to appropriate jurisdiction:*

- Building Permit Application and Project Specification Sheet
- Drawings - 2 sets for residential, 3 sets for commercial (must be sealed for commercial projects of any size) *or* Specification Sheet (i.e. deck, pole barn) filled out at applicable.
- 2 copies of site plan (drawn to scale showing lot dimensions, size & location of proposed & existing structures with distances from property lines, all public & private easements and the location of the water meter for new homes).
- Inspection Requirements & Miss Dig Notice signed by applicant.
- Energy Code Worksheet - go to [www.energycodes.gov/rescheck](http://www.energycodes.gov/rescheck) to complete an online calculation form.
- Sewer Contractor Information. Liability requirements:
  - Permit Bond for \$10,000
  - Personal liability insurance coverage for \$1 million
  - Property damage insurance coverage for \$1 million
  - Aggregate insurance coverage for \$2 million
- Drive permit from the appropriate jurisdiction, unless the road is private.
- Copies of well & septic permit, if necessary and/or applicable.
- Soil erosion permit or exemption/waiver from appropriate jurisdiction.
- Site address from Zoning/Assessing/Equalization, as applicable, if lot is not in a platted subdivision.
- Proof of ownership (i.e. Recorded Warranty Deed or Land Contract, Property Transfer Affidavit or written permission from land owner of record authorizing construction on the site.

**DESIGNATED INSPECTION LINE: 517-277-0700**

## PROJECT SPECIFICATION SHEET

Please use this form for all New Homes, Remodels or Additions

Please select a jurisdiction:     DeWitt Charter Township     City of DeWitt     City of Grand Ledge

Job Address: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Property Tax Number: \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.    Number of Floors: \_\_\_\_\_

Number of full bathrooms: \_\_\_\_\_ Number of half bathrooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

_____ Sq. Ft. Main floor	_____ Sq. Ft. - Unattached stor. blds.	_____ Number of gas fireplaces
_____ Sq. Ft. 2nd floor	_____ Sq. Ft. - Covered porches	_____ Number of wood fireplaces
_____ Sq. Ft. Finished bsmt.	_____ Sq. Ft. - Enclosed porches	_____ Number of factory chimneys
_____ Sq. Ft. Unfinished bsmt.	_____ Sq. Ft. - Wood decks	_____ Ceiling hts. of main living area
_____ Sq. Ft. Attached garage	_____ Central air	_____ Ceiling hts. of bsmt. living area

**PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:**

FOUNDATIONS:	INSULATION:	CHIMNEY TYPE:
<input type="checkbox"/> Ftgs. _____" x _____" <input type="checkbox"/> _____" Below finished grade <input type="checkbox"/> _____ No. of post footings _____" x _____" <input type="checkbox"/> Poured walls <input type="checkbox"/> Hollow concrete block <input type="checkbox"/> Wood foundation <input type="checkbox"/> Foundation height in ft. _____ and inches _____ <input type="checkbox"/> Crawl space height in ft. _____ and inches _____ <input type="checkbox"/> Bsmt. egress window sill height _____ inches <input type="checkbox"/> _____ Number of basement windows <input type="checkbox"/> _____ ft. <sup>2</sup> Area of crawl space vent openings	<input type="checkbox"/> _____" Fiber glass <input type="checkbox"/> _____" Cellulose <input type="checkbox"/> _____" Blown-in fiber glass <input type="checkbox"/> _____" Foam <input type="checkbox"/> _____" Other _____ Type <input type="checkbox"/> _____" Rigid polyurethane <input type="checkbox"/> _____" Rigid styrofoam <input type="checkbox"/> _____" Insulated sheathing <input type="checkbox"/> _____ Ty-vek or other _____ <input type="checkbox"/> _____ (mil) Vapor barrier	<input type="checkbox"/> _____ Brick <input type="checkbox"/> _____ Block <input type="checkbox"/> _____ Stone <input type="checkbox"/> _____ Metal

ROUGH FRAMING:	ROOFS:	BUILT-INS:
<input type="checkbox"/> Treated sill plates _____" x _____" <input type="checkbox"/> Wall plates _____" x _____" <input type="checkbox"/> Headers _____ Size and/or Type <input type="checkbox"/> Wood girder or <input type="checkbox"/> Steel girder <input type="checkbox"/> Steel columns _____ ft. on center <input type="checkbox"/> Stud walls _____" x _____" _____ O.C. <input type="checkbox"/> Floor joists _____" x _____" _____ O.C. <input type="checkbox"/> I - joists <input type="checkbox"/> Ceiling joists _____" x _____" _____ O.C. <input type="checkbox"/> Rafters _____" x _____" _____ O.C. <input type="checkbox"/> Engineered trusses (diagrams required in field) <input type="checkbox"/> Wall sheathing-thickness in _____ inches <input type="checkbox"/> Corner bracing sheathing or <input type="checkbox"/> metal brace	<input type="checkbox"/> _____ Hip <input type="checkbox"/> _____ Gable <input type="checkbox"/> _____ Gambrel <input type="checkbox"/> _____ Overhangs <input type="checkbox"/> _____ Eave troughs <input type="checkbox"/> _____ Asphalt shingles <input type="checkbox"/> _____ Fiber glass shingles <input type="checkbox"/> _____ Tiles <input type="checkbox"/> _____ Metal roofing <input type="checkbox"/> _____ Cedar shingles <input type="checkbox"/> _____ Number of roof vents <input type="checkbox"/> _____ Continuous ridge vent <input type="checkbox"/> _____" Roof sheathing	<input type="checkbox"/> _____ Oven <input type="checkbox"/> _____ Range <input type="checkbox"/> _____ Disposal <input type="checkbox"/> _____ Microwave <input type="checkbox"/> _____ Hood/fan <input type="checkbox"/> _____ Dishwasher <input type="checkbox"/> _____ Refrigerator <input type="checkbox"/> _____ Incinerator <input type="checkbox"/> _____ Vanities <input type="checkbox"/> _____ Book case _____ Ft. x _____ Ft. <input type="checkbox"/> _____ Sound system <input type="checkbox"/> _____ Entertainment center <input type="checkbox"/> _____ Sauna <input type="checkbox"/> _____ Whirlpool tubs <input type="checkbox"/> _____ Wet bar <input type="checkbox"/> _____ Computer station

WINDOWS:	EXTERIOR:	INTERIOR:
<input type="checkbox"/> _____ Number of windows <input type="checkbox"/> _____ Wood sash <input type="checkbox"/> _____ Metal sash <input type="checkbox"/> _____ Vinyl sash <input type="checkbox"/> _____ Other type _____ <input type="checkbox"/> _____ Number of egress windows <input type="checkbox"/> _____ Attic accesses (minimum 22" x 30")	<input type="checkbox"/> _____ Wood <input type="checkbox"/> _____ Aluminum <input type="checkbox"/> _____ Vinyl <input type="checkbox"/> _____ Brick _____' x _____' <input type="checkbox"/> _____ Block	<input type="checkbox"/> _____ Foyer material type <input type="checkbox"/> _____ Kitchen floor type <input type="checkbox"/> _____ Other floor coverings <input type="checkbox"/> _____ Drywall <input type="checkbox"/> _____ Plaster <input type="checkbox"/> _____ Wainscoting

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

