

Building Permit Application

Oceana County Building Department
844 S. Griswold Ste 200
Hart, MI 49420
(231)873-5355

OFFICE USE ONLY

Permit # _____
Fee _____
Receipt _____
Payment _____

Property Owner Name _____ Township _____
Property #64-____-____-____-____ (____) When property was purchased _____
Site Address _____ City/Vlg _____

Property Owner Mailing address

Property Owner Name _____
Mail Address _____
City _____
State/Zip _____
Email _____
Phone # _____
Fax # _____
Cell Phone # _____

Contractor Information

Name _____
Address _____
City _____
State/Zip _____
Email _____
State License # _____
Exp Date _____
Phone # _____
Fax # _____
Cell Phone# _____
Fed ID # _____
UIA Empl # _____
Work Comp Carrier _____
 Has info changed in last year?

Architect (commercial)

Name _____
Address _____
City/State/Zip _____

Driving Directions: (include nearest cross roads & landmarks, do not rely on GPS)

Dimensions/data

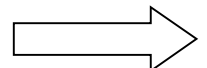
		Commercial	Residential	
		Existing	Alterations	New
Number of Stories _____	Floor area: _____	_____	_____	_____
Use Group _____	basement _____	_____	_____	_____
Construction type _____	1 st floor _____	_____	_____	_____
Number of Occupants _____	2 nd floor _____	_____	_____	_____
	Other floors _____	_____	_____	_____

Description of job with sizes each story, decks, garage, fini or unfini basement etc (what building):

Calculations (office use only)

NOTES:

1. ELECTRICAL, PLUMBING AND MECHANICAL PERMITS ARE SEPARATE. THEY ARE NOT INCLUDED IN THIS PERMIT APPLICATION.
2. NEW HOUSES, ROOM ADD AND/OR REMODEL OVER 50% REQUIRE APPROVED BLOWER DOOR TEST ON SITE AT TIME OF FINAL INSPECTION.



REQUIRED TO BE WITH BUILDING PERMIT APPLICATION (All forms must be submitted together. Incompleted apps WILL BE returned)

House Number Form Yes _____ No _____
Zoning Permit Yes _____ No _____
Site Plan Yes _____ No _____
Plans/Drawings Yes _____ No _____
Uniform Energy Code (heated space) Yes _____ No _____
Truss Prints Yes _____ No _____
Bldg Sys App Rep (BOCA Home ONLY) Yes _____ No _____

NOTICE – THESE MAYBE REQUIRED FOR YOUR PROJECT (initial that aware of these requirements)

Health Dept (water front/bedrooms/new system) Yes _____ No _____ Initial _____
Road Commission (if no previous house) Yes _____ No _____ Initial _____
Oceana Co Drain Comm (if within 500' water or over 1 acres of earth disturbance)
Yes _____ No _____ Initial _____
EGLE/Flood Plain/Critical dune/wetlands Yes _____ No _____ Initial _____

ADDITIONAL REQUIREMENTS FOR DEMOLITION (along with top items)

Proof of No Asbestos (Demo hired done) Yes _____ No _____
Demo site plan remove & remain bldg. sizes Yes _____ No _____

Applicant of Demo Permits has received DEQ Asbestos Requirements Letter.

Signed _____ Dated _____

A PERMIT WILL BE CANCELLED WHEN NO INSPECTION ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make the application as his/her authorized agent. We agree to conform to the State of Michigan Building Codes. All information submitted on this application is accurate to the best of my knowledge. 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 the 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. It is the responsibility of the person signing this form to contact the inspection office when the project is ready for the necessary inspection(s).

The Michigan Energy Code is in affect and must be completed on new houses and additions before the permit can be issued.

Signed _____ Applicant DOB _____ Todays Date _____

Contractor Property Owner

Print Applicant Name: _____

Egress and glazing requirements will be met on this project. Sleeping area requirements are that all egress windows from sleeping rooms must have a minimum net clear opening of 5.7 sq. ft. The minimum net clear opening height dimension shall be 24". The minimum net clear opening width dimension shall be 20".

Signed _____ Dated _____

