

# 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**-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ (\_\_\_\_) Date purchased (approx.) \_\_\_\_\_  
**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

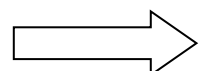
Use Group _____	Commercial _____	Residential _____
Construction type _____	Occ Load _____	Floor area: New _____
# bedrooms _____	# buildings _____	basement _____
# full bathrooms _____	# units _____	1 <sup>st</sup> floor _____
# 1/2 bathrooms _____		2 <sup>nd</sup> floor _____

### **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.



**TO BE WITH BUILDING PERMIT APPLICATION – if required by your project (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 <b>ONLY</b> )	Yes_____No_____
Health Dept (water front/bedrooms/new system)	Yes_____No_____
Road Commission (if no previous house)	Yes_____No_____
Oceana Co Drain Comm (if within 500' water or over 1 acres of earth disturbance)	Yes_____No_____
EGLE/Flood Plain/Critical dune/wetlands	Yes_____No_____

**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\_\_\_\_\_

