

BUILDING PERMIT APPLICATION FOR GERRISH TOWNSHIP  
 2997 E. HIGGINS LAKE DRIVE, ROSCOMMON, MI 48653  
 PHONE: (989) 821-9313 / FAX: (989) 821-8627

**NOTICE:**

Contractors, excavator, property owners Under Act 347 of 1972 a soil erosion permit is mandatory for all persons making an earth change on properties that are within 500' of a lake, stream or more than one acre of land. All persons failing to obtain such permit are subject to fines under law by the State of Michigan.  
 Please call (989) 275-8323 ask for Sheridan Cole.

Permit Fee\_\_\_\_\_Permit No.\_\_\_\_\_  
 Administration fee for work started prior to permit\_\_\_\_\_  
 Check #\_\_\_\_\_Cash:\_\_\_\_\_  
 Appeal Date\_\_\_\_\_Number:\_\_\_\_\_  
 Septic Permit No.:\_\_\_\_\_  
 Zoning District:\_\_\_\_\_  
 Property No.72-004-\_\_\_\_\_

**APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V AND VI**

**I. LOCATION OF BUILDING:**

PROPERTY ADDRESS		DATE
CITY/VILLAGE	TOWNSHIP	ZIP CODE
BETWEEN	AND	
LOT NUMBER	SUBDIVISION	SECTION
LOT WIDTH	DEPTH	TOTAL AREA

**II. IDENTIFICATION:**

**A. OWNER OR LESSEE:**

NAME		TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE

**B. ARCHITECT OR ENGINEER:**

NAME		TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE
LICENSE NUMBER		EXPIRATION DATE

**C. CONTRACTOR:**

NAME		TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE
BUILDERS LICENSE NUMBER		EXPIRATION DATE

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION.  
 WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION.  
 MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION.

**TYPE OF IMPROVEMENT AND PLAN REVIEW:**

**III. TYPE OF IMPROVEMENT**

1. ( ) NEW BUILDING    2. ( ) ADDITION    3. ( ) ALTERATION    4. ( ) GARAGE OR ACCESSORY BLDG    5. ( ) WRECKING  
 6. ( ) MOBILE HOME SET-UP    7. ( ) FOUNDATION ONLY    8. ( ) RELOCATION    9. ( ) PRE-MANUFACTURE

DESCRIBE PROPOSED WORK:  
 \_\_\_\_\_  
 \_\_\_\_\_

ESTIMATED COST: \$ \_\_\_\_\_

**IV. PROPOSED USE OF BUILDING:**

**A. NON-RESIDENTIAL - FOR "WRECKING", SHOW MOST RECENT USE**

NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, 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 FRAME    3.( ) STRUCTURAL STEEL    4.( ) LOG    5.( ) OTHER (DESCRIBE)

**B. PRINCIPAL TYPE OF HEATING FUEL**

1.( ) GAS    2.( ) OIL    3.( ) ELECTRICITY    4.( ) COAL    5.( ) OTHER

**C. TYPE OF SEWAGE DISPOSAL & WATER SUPPLY SYSTEM**

SEPTIC SYSTEM TO BE INSTALLED? \_\_\_\_\_ TYPE & SIZE OF WATER SUPPLY? \_\_\_\_\_

**D. DIMENSIONS OF PROPOSED BUILDING**

WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_

1<sup>ST</sup> FLOOR SQ FT \_\_\_\_\_ 2<sup>ND</sup> FLOOR SQ FT \_\_\_\_\_ GARAGE OF OTHER SQ FT. \_\_\_\_\_

DESCRIBE PROPOSED USE OF BUILDING: \_\_\_\_\_

**VI. APPLICANT INFORMATION:**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

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 THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.1523A, 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.

FEE ENCLOSED \$ \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

**SITE OR PLOT PLAN - FOR APPLICANT USE**

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NOTE: BUILDING PLANS ARE ALSO REQUIRED FOR NEW HOMES, ADDITIONS OR ALTERATIONS INVOLVING STRUCTURAL CHANGE.

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:

**VALIDATION: NOT TO BE FILLED IN BY APPLICANT**

PERMIT TO BE ISSUED FOR: \_\_\_\_\_  
\_\_\_\_\_

TYPE: \_\_\_\_\_ USE GROUP: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

SIZE: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ ZONING: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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