

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION**

**CITY OF DURAND**  
 215 W. CLINTON STREET,  
 DURAND, MICHIGAN 48429  
 989-288-3113

Permit Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Permit Fee \_\_\_\_\_

Date of Occupancy/Final \_\_\_\_\_

AUTHORITY: P.A. 230 of 1972, AS AMENDED  
 COMPLETION: MANDATORY TO OBTAIN PERMIT  
 PENALTY: PERMIT WILL NOT BE ISSUED

THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS AND SUBMITTED TO THE STATE OF MICHIGAN.

**LOCATION OF BUILDING**

STREET LOCATION _____			Zoning District _____
CITY _____	STATE _____	ZIP _____	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public
between _____ and _____			
SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> AMUSEMENT	<input type="checkbox"/> LIBRARY
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> TWO OR MORE FAMILY _____ NO OF UNITS	<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> STORE, MERCANTILE
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HOTEL, MOTEL _____ NO OF UNITS	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> TANKS, TOWERS
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> PARKING GARAGE	<input type="checkbox"/> PUBLIC UTILITY
<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> POOL	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> HOSPITAL/INSTITUTE
<input type="checkbox"/> PRE-MANUFACTURE	<input type="checkbox"/> ATTACHED/DETACHED GARAGE	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> DECK	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STORAGE SHED		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> POLE BUILDING		
<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHER _____		

NONRESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**CHARACTERISTICS OF BUILDING**

<p><b>PRINCIPAL TYPE OF FRAMING</b></p> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	<p><b>TYPE OF SEWAGE DISPOSAL</b></p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic) <p><b>TYPE OF WATER SUPPLY</b></p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site well)	<p><b>DIMENSIONS</b></p> No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
<p><b>PRINCIPAL TYPE OF HEATING FUEL</b></p> <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	<p><b>TYPE OF MECHANICAL</b></p> Will there be central air? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>NUMBER OF OFF-STREET PARKING SPACES</b></p> Enclosed _____ Outdoors _____ <p><b>RESIDENTIAL BUILDINGS ONLY</b></p> Number of bedrooms _____ Number of full bathrooms _____ Number of partial bathrooms _____

**VALUATION AND PERMIT FEE**

Use Group _____	Fee Basis _____
Type of Construction _____	Construction Cost _____
Square Feet _____	Construction Value _____
	Permit Fee _____

**IDENTIFICATION - APPLICANT**

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

**OWNER OR LESSEE**

Name		Address	
City	State	Zip Code	Telephone Number

**ARCHITECT OR ENGINEER**

Name		Address	
City	State	Zip Code	Telephone Number
License Number			Expiration Date

**CONTRACTOR**

Name		Address	
City	State	Zip Code	Telephone Number
Builder's License Number			Expiration Date
Federal Employer ID Number or Reason for Exemption			
Workers Comp Insurance Carrier or Reason		Policy No	Expiration
MESC Employer Number or Reason for Exemption			

**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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN, SHIAWASSEE COUNTY AND THE CITY OF DURAND, 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.

**SIGNATURE OF APPLICANT**

DATE

**PERMITS NEEDED TO SUBMIT WITH BUILDING PERMIT****OTHER PERMITS/APPROVALS REQUIRED**

- |                          |                          |                          |                   |
|--------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Approval by Planning     | <input type="checkbox"/> | Electrical Permit |
| <input type="checkbox"/> | Approval by Zoning Board | <input type="checkbox"/> | Mechanical Permit |
| <input type="checkbox"/> | Plot Plan                | <input type="checkbox"/> | Plumbing Permit   |
| <input type="checkbox"/> | On-Site Septic/Tap-in    | <input type="checkbox"/> | DNR Permit        |
| <input type="checkbox"/> | Driveway                 | <input type="checkbox"/> | Other _____       |
| <input type="checkbox"/> | Soil Erosion             |                          |                   |
| <input type="checkbox"/> | Energy Calculations      |                          |                   |

**APPROVAL**

DATE

**ZONING PLAN EXAMINERS NOTES**

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

**SITE OR PLOT PLAN – *For Applicant Use***



