

# CITY OF LUDINGTON

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

400 S HARRISON STREET, LUDINGTON, MI 49431 (231) 843-2956

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMERCIAL \_\_\_\_

RESIDENTIAL \_\_\_\_

|  |   |
|--|---|
| AUTHORITY: P.A.230 OF 1972, AS AMENDED | THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL, OR GROUP BECAUSE OF RACE, SEX RELIGION, AGE NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS |
| COMPLETION: MANDATORY TO OBTAIN PERMIT |   |
| PENALTY: PERMIT WILL NOT BE ISSUED     |   |

### APPLICANT TO COMPLETE ALL SECTIONS

**NOTE: SEPARATE APPLICATION MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL PERMITS WITH THE MASON COUNTY BUILDING DEPARTMENT (105 E 5TH STREET, SCOTTVILLE, MI 49454)**

|   |                        |                    |                          |                    |
|---|------------------------|--------------------|--------------------------|--------------------|
| <b>I. PROJECT INFORMATION</b>   |                        |                    |                          |                    |
| PROJECT NAME  |                        | ADDRESS            |                          |                    |
| <b>II. IDENTIFICATION</b>   |                        |                    |                          |                    |
| <b>A. OWNER</b>   |                        |                    |                          |                    |
| NAME  |                        | ADDRESS            |                          |                    |
| CITY  | STATE                  | ZIP                |                          |                    |
| PHONE   | EMAIL                  |                    |                          |                    |
| <b>B. APPLICANT</b> ____ <b>PROPERTY OWNER</b> ____ <b>CONTRACTOR</b> |                        |                    |                          |                    |
| <b>C. CONTRACTOR</b>  |                        |                    |                          |                    |
| NAME  |                        | ADDRESS            |                          |                    |
| CITY  | STATE                  | ZIP                |                          |                    |
| PHONE   | EMAIL                  |                    |                          |                    |
| LICENSE NUMBER  |                        | EXPIRATION DATE    |                          |                    |
| FEDERAL EMPLOYER ID OR REASON FOR EXEMPTION                           |                        |                    |                          |                    |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION                |                        |                    |                          |                    |
| <b>D. ARCHITECT / ENGINEER</b>  |                        |                    |                          |                    |
| NAME  |                        | ADDRESS            |                          |                    |
| CITY  | STATE                  | ZIP                |                          |                    |
| PHONE   | EMAIL                  |                    |                          |                    |
| LICENSE NUMBER  |                        | EXPIRATION DATE    |                          |                    |
| <b>III. TYPE OF IMPROVEMENT</b>                                       |                        |                    |                          |                    |
| 1. ____ NEW BUILDING  | 2. ____ ADDITION       | 3. ____ ALTERATION | 4. ____ REPAIR / REPLACE | 5. ____ DEMOLITION |
| 6. ____ FOUNDATION  | 7. ____ PREMANUFACTURE | 8. ____ RELOCATION | 9. ____ SPECIAL INSPECT. | 10. ____ OTHER     |
| <b>IV. ESTIMATED PROJECT COST</b> \$ _____                            |                        |                    |                          |                    |

**V. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

|   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> SINGLE FAMILY   | 2. <input type="checkbox"/> TWO OR MORE UNITS # OF UNITS _____ | 3. <input type="checkbox"/> HOTEL / MOTEL # OF UNITS _____ |
| 4. <input type="checkbox"/> ATTACHED GARAGE | 5. <input type="checkbox"/> DETACHED GARAGE                    | 6. <input type="checkbox"/> OTHER DESCRIBE: _____          |

**B. NON-RESIDENTIAL**

|                                       |   |  |   |  |
|---------------------------------------|---|--|---|--|
| 1. <input type="checkbox"/> AMUSEMENT | 2. <input type="checkbox"/> CHURCH/RELIGION | 3. <input type="checkbox"/> INDUSTRIAL | 4. <input type="checkbox"/> SERVICE STATION | 5. <input type="checkbox"/> HOSPITAL/MEDICAL |
| 6. <input type="checkbox"/> OFFICE    | 7. <input type="checkbox"/> PUBLIC UTILITY  | 8. <input type="checkbox"/> SCHOOL     | 9. <input type="checkbox"/> STORE           | 10. <input type="checkbox"/> OTHER           |

**C. DESCRIPTION OF WORK / PROJECT:**

\_\_\_\_\_

\_\_\_\_\_

**VI. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. <input type="checkbox"/> CONCRETE |
|---|--|--|--------------------------------------|

**B. PRINCIPAL TYPE OF HEATING FUEL**

|                                 |                                 |   |                                  |                                   |
|---------------------------------|---------------------------------|---|----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> GAS | 2. <input type="checkbox"/> OIL | 3. <input type="checkbox"/> ELECTRICITY | 4. <input type="checkbox"/> COAL | 5. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|-----------------------------------|

**C. TYPE OF MECHANICAL**

|  |  |
|--|--|
| 1. AIR CONDITIONING <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. FIRE SUPPRESSION <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

**D. DIMENSIONS / DATA**

| 1. NUMBER OF STORIES   | _____ | 6. FLOOR AREA:  | EXISTING     | ALTERATIONS | NEW      |
|------------------------|-------|-----------------|--------------|-------------|----------|
|                        |       |                 | 2. USE GROUP | _____       | BASEMENT |
| 3. CONSTRUCTION TYPE   | _____ | 1ST & 2ND FLOOR | _____ SF     | _____ SF    | _____ SF |
| 4. NUMBER OF OCCUPANTS | _____ | 3RD & ABOVE     | _____ SF     | _____ SF    | _____ SF |
| 5. ZONING              | _____ | TOTAL AREA      | _____ SF     | _____ SF    | _____ SF |

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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. SIGNATURE OR WRITTEN CONSENT FROM THE HOMEOWNER IS **REQUIRED** FOR PERMIT TO BE ISSUED.

**SIGNATURE OF APPLICANT (REQUIRED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF HOME OWNER (REQUIRED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BUILDING INSPECTOR NOTES:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

