

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 COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED | 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 |
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APPLICANT TO COMPLETE ALL SECTIONS

NOTE: SEPARATE APPLICATION MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL PERMITS WITH THE MASON COUNTY BUILDING DEPARTMENT (5300 W-US 10, LUDINGTON 49431)

| | | | | |
|---|------------------------|--------------------|--------------------------|--------------------|
| I. PROJECT INFORMATION | | | | |
| PROJECT NAME | | ADDRESS | | |
| II. IDENTIFICATION | | | | |
| A. PROPERTY OWNER | | | | |
| NAME | | MAILING ADDRESS | | |
| CITY | STATE | ZIP | | |
| PHONE | EMAIL | | | |
| B. APPLICANT <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> CONTRACTOR | | | | |
| <i>A valid state-issued ID or driver's license is required to complete the application .</i> | | | | |
| C. CONTRACTOR | | | | |
| 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 | | | | |
| D. ARCHITECT / ENGINEER | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP | | |
| PHONE | EMAIL | | | |
| LICENSE NUMBER | | EXPIRATION DATE | | |
| III. TYPE OF IMPROVEMENT | | | | |
| 1. ____ NEW BUILDING | 2. ____ ADDITION | 3. ____ ALTERATION | 4. ____ REPAIR / REPLACE | 5. ____ DEMOLITION |
| 6. ____ FOUNDATION | 7. ____ PREMANUFACTURE | 8. ____ RELOCATION | 9. ____ SPECIAL INSPECT. | 10. ____ OTHER |
| IV. ESTIMATED PROJECT COST \$ _____ | | | | |

V. PROPOSED USE OF BUILDING

A. RESIDENTIAL

| | | |
|------------------------|---|-------------------------------------|
| 1. ___ SINGLE FAMILY | 2. ___ TWO OR MORE UNITS # OF UNITS ___ | 3. ___ HOTEL / MOTEL # OF UNITS ___ |
| 4. ___ ATTACHED GARAGE | 5. ___ DETACHED GARAGE | 6. ___ OTHER DESCRIBE: _____ |

B. NON-RESIDENTIAL

| | | | | |
|------------------|------------------------|-------------------|------------------------|-------------------------|
| 1. ___ AMUSEMENT | 2. ___ CHURCH/RELIGION | 3. ___ INDUSTRIAL | 4. ___ SERVICE STATION | 5. ___ HOSPITAL/MEDICAL |
| 6. ___ OFFICE | 7. ___ PUBLIC UTILITY | 8. ___ SCHOOL | 9. ___ STORE | 10. ___ OTHER |

C. DESCRIPTION OF WORK / PROJECT:

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| |
| |
| |

VI. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

| | | | |
|------------------------------|-------------------|-------------------------|-----------------|
| 1. ___ MASONRY, WALL BEARING | 2. ___ WOOD FRAME | 3. ___ STRUCTURAL STEEL | 4. ___ CONCRETE |
|------------------------------|-------------------|-------------------------|-----------------|

B. PRINCIPAL TYPE OF HEATING FUEL

| | |
|------------|---|
| 1. ___ GAS | DRIVER'S LICENSE / STATE ID: _____ VALID ID PROVIDED <input type="checkbox"/> |
|------------|---|

C. TYPE OF MECHANICAL

| | |
|------------------------------------|------------------------------------|
| 1. AIR CONDITIONING ___ YES ___ NO | 2. FIRE SUPPRESSION ___ YES ___ NO |
|------------------------------------|------------------------------------|

D. DIMENSIONS / DATA

| 1. NUMBER OF STORIES | 2. USE GROUP | 3. CONSTRUCTION TYPE | 4. NUMBER OF OCCUPANTS | 5. ZONING | 6. FLOOR AREA: | EXISTING | ALTERATIONS | NEW |
|----------------------|--------------|----------------------|------------------------|-----------|-----------------|----------|-------------|----------|
| _____ | _____ | _____ | _____ | _____ | BASEMENT | _____ SF | _____ SF | _____ SF |
| _____ | _____ | _____ | _____ | _____ | 1ST & 2ND FLOOR | _____ SF | _____ SF | _____ SF |
| _____ | _____ | _____ | _____ | _____ | 3RD & ABOVE | _____ SF | _____ SF | _____ SF |
| _____ | _____ | _____ | _____ | _____ | 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. FURTHERMORE, I ACKNOWLEDGE THAT THE BUILDING INSPECTOR, ZONING ADMINISTRATOR AND ASSESSOR HAVE PERMISSION TO ENTER THE PROPERTY.

SIGNATURE OF APPLICANT (REQUIRED) _____ **DATE** _____

SIGNATURE OF HOME OWNER (REQUIRED) _____ **DATE** _____

BUILDING INSPECTOR NOTES: VALID ID PROVIDED
 APPROVED NOT APPROVED

DRIVER'S LICENSE / STATE ID: VALID ID PROVIDED

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