

PERMIT # _____
Permit Fee \$ _____
Payment Source _____
Receipt# _____

**APPLICATION FOR BUILDING PERMIT
HOUGHTON COUNTY BUILDING DEPARTMENT**

401 E. Houghton Avenue
Houghton, Michigan 49931
Phone (906)482-2260

building@houghtoncounty.gov

NOTE: *Separate applications must be submitted to this office for
Plumbing, Mechanical, and Electrical permits.*

Location of Project (Include House Number and Street):	Property ID # (Found on Tax Bill):
Is this Property currently classified as Commercial Forest Act (CFA)? _____ Yes _____ No	
Town:	Township:
Directions to site:	

Owner's Name	Telephone Number(s):
Mailing Address:	Email Address:

Architect or Engineer	Telephone Number(s):
Mailing Address:	
License Number:	Expiration Date:

Contractor:	Email Address:	
Mailing Address:	Telephone Number(s):	
Builder's License Number:	Expiration Date:	Cell Number:
Federal Employer ID Number or Reason for Exemption		
Worker's Comp. Insurance Carrier or Reason For Exemption		
MESC Employer Number or Reason for Exemption		

Estimated Cost of Improvement:	Approximate Starting Date:	Approximate Finishing Date:
Will any work be performed in the County Road Right of Way, i.e., grading, ditching, new or changed driveway? Permit obtained from Road Commission.		
_____ Yes _____ No _____ Yes _____ No		

PROPOSED USE OF BUILDING

Is this a RENTAL

☐ Yes☐ No**RESIDENTIAL** -A. Type of Improvement (Check one):

() New Building () Alteration () Demolition () Foundation Only () Relocation
() Addition () Repair () Mobile Home () Premanufactured/Double Wide Home

B. () One Family Home () Attached Garage () Storage Building () Other(Describe)_____

() Two or More Family Home () Detached Garage () Residential Addition ☐ Ground Mount Solar_____**COMMERCIAL / NON-RESIDENTIAL** - Type of Improvement: (Check one):

() New Building () Alteration () Demolition () Foundation Only () Relocation
() Addition () Repair () Other_____

Proposed Use:

() Store/Mercantile () Industrial () Church () Public Utility () Tank, Tower
() School/Educational () Office/Bank () Mechanic / Body Shop () Other_____

Please State:

Use Group Classification: _____ Construction Type: _____ Occupant Load_____

Please describe in detail proposed use of building, e.g., food processing plant, machine shop, office space:

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME:

() Wood () Masonry () Structural Steel () Reinforced Concrete
() Structural Insulated Panels (SIP's) () Other

TYPE OF FOUNDATION:

A. () Full Basement () Crawl-Space () Floating Slab () Posts/Poles
B. () Wood () Masonry-Block () Reinforced Concrete () Rock/Stone
() Insulated Concrete Forms (ICF's) () Other

Will there be Fire Suppression? _____ Yes _____ No Air Conditioning? _____ Yes _____ No

Number of Bedrooms: _____ Number of Bathrooms: _____ Full _____ Partial

Type of Heating Fuel: () Natural Gas () Propane () Oil () Wood () Electricity () Other

Number of Stories _____

Square Feet: 1st Floor _____
2nd Floor _____

Dimensions _____

Basement: Finished _____
Unfinished _____

Covered Porch _____

Garage Dimensions _____

Attic Truss Dimensions _____

Square Feet: 1st Floor _____2nd Floor _____**Total Finished Square Feet** _____**Total Unfinished Square Feet** _____

ENVIRONMENTAL CONTROL	
Type of Sewage Disposal:	() Public or Private Company () Septic System - Permit #
Type of Water Supply:	() Public or Private Company () Private Well - Permit #
Zoning ____ Yes ____ No	If yes, copy of permit is required.
Soil Erosion ____ Yes ____ No	If yes, Permit # _____
Flood Zone ____ Yes ____ No	If yes, Permit # _____

OTHER DOCUMENTATION REQUIRED BEFORE PERMIT CAN BE PROCESSED:

ALL STRUCTURES

Truss drawings are required.

RESIDENTIAL HOMES/ADDITIONS

UNDER 3,500 SQUARE FEET - Submit drawings clearly describing the scope of work. Please include foundation plan, floor plan, and roof snow load factor.
 OVER 3,500 SQUARE FEET - Requires stamped drawings.

HOUSE TRAILERS / PREMANUFACTURED HOMES

Submit drawings clearly describing foundation and floor plan. Tie/Hold downs are required

GARAGES/POLE BUILDINGS

Submit drawings clearly describing the scope of work including foundation plan and roof snow load factor.

COMMERCIAL - Stamped drawings required.

Building Permit Checklist- *All steps must be completed prior to submitting an application.*

No work shall commence without a Building Permit Issued.

FINAL ROOF TRUSSES MUST BE SUBMITTED PRIOR TO A ROUGH-IN INSPECTION

**IT IS REQUIRED THAT THE (SITE PLAN) BE COMPLETED OR SEPARATE SHEET
ATTACHED WITH THE REQUESTED INFORMATION.**

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:
Mailing Address:	
<p><i>Please read the following before signing:</i></p> <p>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.</p>	
<p>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 THIS 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.</p>	
SIGNATURE OF APPLICANT:	DATE:

FOR OFFICE USE ONLY						
OTHER PERMITS:	REQUIRED		APPROVED	DATE	NUMBER	BY
ZONING						
SOIL EROSION/SEDIMENTATION						
OTHER						
OTHER						
NOTES:						
APPROVAL SIGNATURE			Registration #	Date		