

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>PRINCIPAL TYPE OF FRAMING</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>TYPE OF SEWAGE DISPOSAL</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic) <p>TYPE OF WATER SUPPLY</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site well)	<p>DIMENSIONS</p> No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
<p>PRINCIPAL TYPE OF HEATING FUEL</p> <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	<p>TYPE OF MECHANICAL</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>NUMBER OF OFF-STREET PARKING SPACES</p> Enclosed _____ Outdoors _____ <p>RESIDENTIAL BUILDINGS ONLY</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 _____

