

# CITY OF LUDINGTON

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

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

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 ITEMS IN SECTION I, II, III, IV, V AND VI  
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED  
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.**

### I. PROJECT INFORMATION

PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		

### II. IDENTIFICATION

#### A. OWNER OR LESSEE

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

#### B. ARCHITECT OR ENGINEER

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	

#### C. CONTRACTOR

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

### III. TYPE OF IMPROVEMENT AND PLAN REVIEW

#### A. TYPE OF IMPROVEMENT

- |  |  |  |   |   |
|--|--|--|---|---|
| 1. <input type="checkbox"/> NEW BUILDING | 3. <input type="checkbox"/> ALTERATION     | 5. <input type="checkbox"/> DEMOLITION         | 7. <input type="checkbox"/> FOUNDATION ONLY | 9. <input type="checkbox"/> RELOCATION          |
| 2. <input type="checkbox"/> ADDITION     | 4. <input type="checkbox"/> REPAIR/REPLACE | 6. <input type="checkbox"/> MOBILE HOME SET-UP | 8. <input type="checkbox"/> PREMANUFACTURE  | 10. <input type="checkbox"/> SPECIAL INSPECTION |

#### B. REVIEW(S) TO BE PERFORMED

- |                                   |                                     |                                     |                                   |                                     |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FOUNDATION |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

1.  ONE FAMILY  
2.  TWO OR MORE FAMILY  
    NO. OF UNITS \_\_\_\_\_
3.  HOTEL, MOTEL  
    NO. OF UNITS \_\_\_\_\_
4.  ATTACHED GARAGE
5.  DETACHED GARAGE
6.  OTHER

**B. NON-RESIDENTIAL**

7.  AMUSEMENT  
8.  CHURCH, RELIGION  
9.  INDUSTRIAL  
10.  PARKING GARAGE
11.  SERVICE STATION  
12.  HOSPITAL, INSTITUTIONAL  
13.  OFFICE, BANK, PROFESSIONAL  
14.  PUBLIC UTILITY
15.  SCHOOL, LIBRARY, EDUCATIONAL  
16.  STORE, MERCANTILE  
17.  TANKS, TOWERS  
18.  OTHER

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

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING    2.  WOOD FRAME    3.  STRUCTURAL STEEL    4.  REINFORCED CONCRETE    5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS    7.  OIL    8.  ELECTRICITY    9.  COAL    10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY    12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY    14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15. WILL THERE BE AIR CONDITIONING?     YES     NO    16. WILL THERE BE FIRE SUPPRESSION?     YES     NO

**F. DIMENSIONS/DATA**

	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES	_____	_____	_____
18. USE GROUP	_____	_____	_____
19. CONST. TYPE	_____	_____	_____
20. NO. OF OCCUPANTS	_____	_____	_____
21. FLOOR AREA:			
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD - 10TH FLOOR	_____	_____	_____
11TH - ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED    \_\_\_\_\_    23. OUTDOORS    \_\_\_\_\_

**H. ESTIMATED PROJECT COST:**

**VI. 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	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			

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.

**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**

PLAN REVIEW FEE ENCLOSED \$ \_\_\_\_\_

BUILDING PERMIT FEE ENCLOSED \$ \_\_\_\_\_

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION****ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
<b>A - ZONING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>B - FIRE DISTRICT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>C - POLLUTION CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>D - NOISE CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>E - SOIL EROSION</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>F - FLOOD ZONE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>G - WATER SUPPLY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>H - SEPTIC SYSTEM</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>I - VARIANCE GRANTED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>J - OTHER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_

BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_

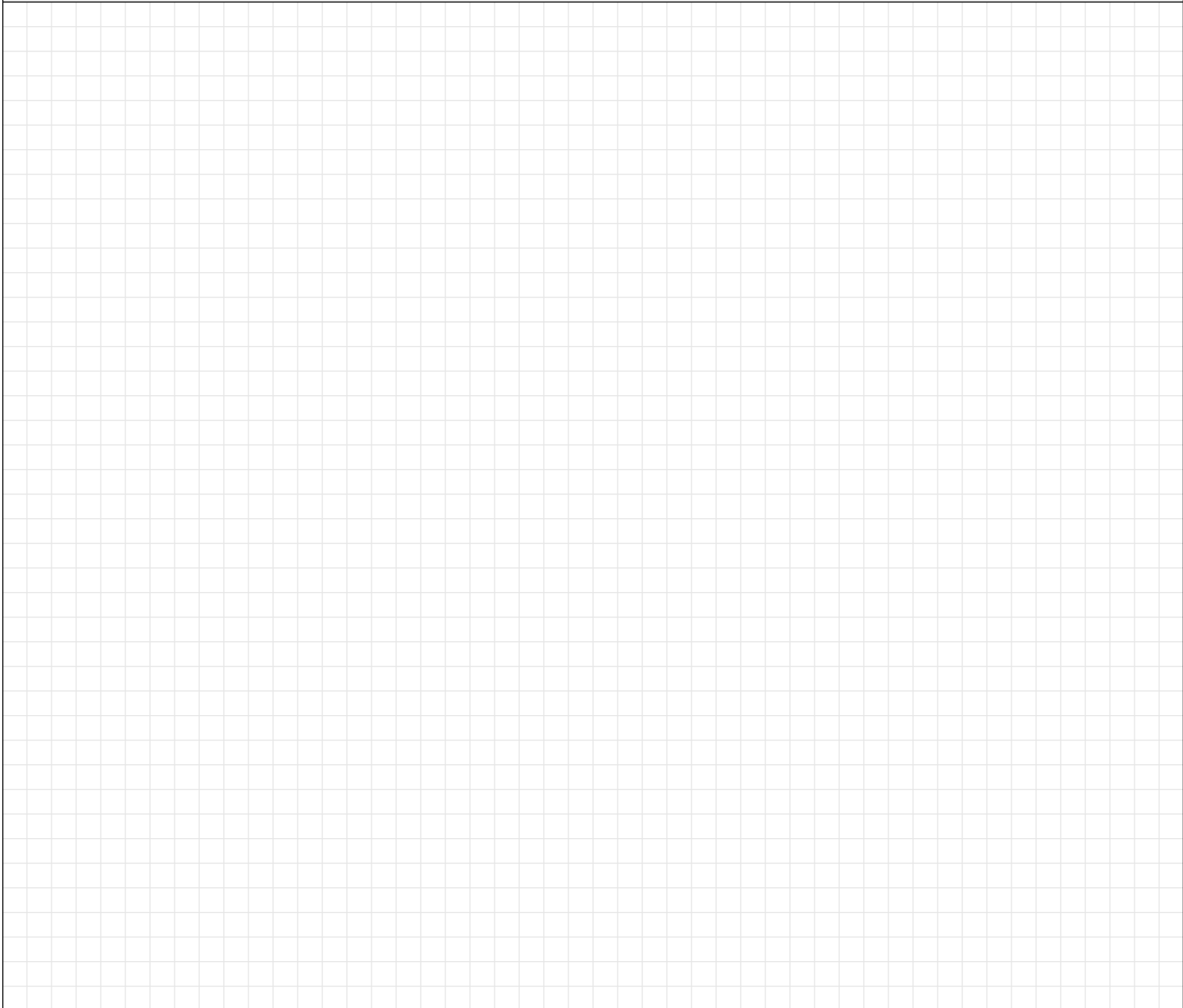
NUMBER OF INSPECTIONS \_\_\_\_\_

SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**IX. SITE OR PLOT PLAN - FOR APPLICANT USE**



**PROJECT DESCRIPTION:**

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