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Before a permit may be issued, ALL of the following documentation must be submitted or justified as nonapplicable. Please indicate by checkmark that each item has been enclosed with the application.

1. ___ Proof of ownership (provide copies of deed or land contract with tax number).
2. ___ Site plan or lot diagram on back of last page of the application. (required of ALL applications: new homes, additions and interior remodel). ** Site plan must show dimensions to all property lines from proposed building.
3. ___ Blue prints/drawing: wall section, foundation plan and floor plan required on ALL applications. Two (2) complete sets of drawings are required with any permit applications.
4. ___ Estimated cost of project. \$
5. ___ Health department permit (Well and/or Septic system).
6. ___ Driveway/sidewalk permit: Road commission or jurisdiction.
7. ___ Is the structure within 500 feet of water (lake, river, county drain)? [] Yes []NO. If yes, a soil erosion permit is required.
8. ___ Is property located in wetlands or floodplains? []Yes []No
9. ___ Zoning approval documentation
10. ___ Other permits eventually necessary:
 ___Electrical ___Mechanical ___Plumbing ___Sign
 * *Applicant or licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility for the applicant to call for all required inspections before any electrical, plumbing, mechanical or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any plumbing, electrical, mechanical or building permits.

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the state building code. Include wall section/cross section drawing showing material dimensions and specifications from footing to rafters, as well as, floor plan indicating all room dimensions, window, door and stair openings. All structures containing premanufactured members (roof trusses, floor trusses, etc.) require a sealed diagram from the manufacturer, forward to our office at time of delivery.

I. Location of building _____ Property Tax# _____

Address: _____

City/Village: _____ Township: _____ Zip Code: _____

Cross streets between _____ and _____

II. Identification

Owner/Lessee

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Architect or Engineer

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ Expiration Date: _____

Contractor

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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: Place an [X] to indicate choice.

1. New building 2. Addition 3. Alteration 4. Repair 5. Wrecking
 6. Mobile Home set-up 7. Foundation only 8. Premanufactured 9. Relocation

B. Review(s) to be performed

- Building Plumbing Mechanical Electrical Energy

IV. Proposed use of building

A. Residential- For "wrecking" show most recent use. Place an [X] to indicate choice.

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. Nonresidential - For "wrecking" show most recent use. Place an [X] to indicate choice.

7. Amusement 8. Church, Religious 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. Place an [X] to indicate choice.

1. Masonry, Wall Bearing 2. Wood Frame 3. Structured Steel
 4. Reinforced Concrete 5. Other _____

B. Principal Type of Heating Fuel. Place an [X] to indicate choice.

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. Place an [X] to indicate choice.

15. [] Will there be air conditioning? [] Yes [] No

16. [] Will there be an elevator? [] Yes [] No

F. Dimensions

17. Number of stories_____

18. Floor Area 1st & 2nd floor_____ y^d-loth floors_____ I Ith— above floors_____

Total Area_____

Total Land Area (square feet)_____

G. Number of off-street spaces

20. Enclosed_____

21. Outdoors_____

VI. Applicant Information

Applicant is responsible for the payment of all fees and charges applicable to the application and must provide the following information.

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Federal I.D. No./Social Security No. (or reason for exemption)_____

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.

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.

Fee Enclosed \$_____

Signature of Applicant_____ Application Date_____

VII. Validation

Building Permit Number_____ Issue Date:_____ Permit Fee_____

Approved by:_____ Signature:_____

VIII. Site or Plot Plan — For applicant Use

Indicate direction of North



To obtain other needed permits, please contact as listed below:

ST JOSEPH COUNTY

Sanitation Permit

Health Department
1110 Hill St.
Three Rivers, MI 49093
269-273-2161

Driveway Permit

St. Joseph County Road Commission
20914 M-86
Centerville, MI 49032
269-467-6393

Soil Erosion Permit

Drain Commission
612 East Main St.
Centerville, MI 49032
269-467-5600

Cass County

Sanitation Permit

Health Department
302 S Front St
Dowagiac MI 49047
269-782-0064

Driveway Permit

Cass County Road Commission
240 N. O'Keefe St
Cassopolis MI 49031
269-445-8611

Soil Erosion Permit

Cass Co. Conservation District
1127 East State St.
Cassopolis MI 49031
269-445-8641 EXT.5

Contact information for other necessary permits

Plumbing- John Dobberteen (269)651-4567
Mechanical- John Dobberteen (269)651-4567
Electrical- Ron Bellaire (269)663-3429
Building- Joe Wickey (269)816-4951