

CITY OF IRONWOOD

213 S. Marquette Street
Ironwood, Michigan 49938



Telephone: (906) 932-5050
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AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES 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 SECTION I, II, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PERMIT NUMBER			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 | 6 <input type="checkbox"/> MOBILE HOME SETUP | 8 <input type="checkbox"/> PREMANUFACTURE | 10 <input type="checkbox"/> SPECIAL INSPECTION |

B. REVIEWS TO BE INFORMED

- | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> BUILDING | 2 <input type="checkbox"/> ELECTRICAL | 3 <input type="checkbox"/> MECHANICAL | 4 <input type="checkbox"/> PLUMBING | 5 <input type="checkbox"/> FOUNDATION |
|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1 ONE FAMILY
 2 TWO OR MORE FAMILY
 NOUMBER 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, MERCHANTILE
 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 PROPSD USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1 MASONRY, WALL BEARING
 2 WOOD FRAME
 3 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. DIMENSION / DATA

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

G. NUMBER OF OFF STREET PARKING SPACES

22 ENCLOSED _____
 23 OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE

NAME		TELEPHONE NO.	
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, 1974 PA 236, MCL 125.1223, 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.

SIGNATURE OF APPLICANT: _____

PLAN REVIEW FEE ENCLOSED \$ _____	OR STATE ACCOUNT NUMBER _____
BUILDING PERMIT FEE ENCLOSED \$ _____	OR STATE ACCOUNT NUMBER _____

PAY BILL ONLINE AT: <https://www.govpaynow.com/gps/user/plc/6937>

VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

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

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____	Start Date: _____
TYPE OF CONSTRUCTION _____	Parcel No: _____
SQUARE FEET _____	Cost: _____ Zoning: _____

APPROVAL SIGNATURE _____

TITLE	DATE
Building Inspector	

LOT# _____ Block# _____ Subdivision: _____

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

Plans are enclosed with this application.

Yes

Description of job: _____

