

213 S. Marquette Street  
Ironwood, Michigan 49938



Telephone: (906)923-5050, Ext. 115  
Email: hewittd@ironoowodmi.gov

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						
<b>A. RESIDENTIAL</b>						
1 <input type="checkbox"/> ONE FAMILY	3 <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____		5 <input type="checkbox"/> DETACHED GARAGE			
2 <input type="checkbox"/> TWO OR MORE FAMILY NOUMBER OF UNITS _____	4 <input type="checkbox"/> ATTACHED GARAGE		6 <input type="checkbox"/> OTHER _____			
<b>B. NON-RESIDENTIAL</b>						
7 <input type="checkbox"/> AMUSEMENT	11 <input type="checkbox"/> SERVICE STATION	15 <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL				
8 <input type="checkbox"/> CHURCH, RELIGION	12 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16 <input type="checkbox"/> STORE, MERCHANTILE				
9 <input type="checkbox"/> INDUSTRIAL	13 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17 <input type="checkbox"/> TANKS, TOWERS				
10 <input type="checkbox"/> PARKING GARAGE	14 <input type="checkbox"/> PUBLIC UTILITY	18 <input type="checkbox"/> 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						
<b>A. PRINCIPAL TYPE OF FRAME</b>						
1 <input type="checkbox"/> MASONRY, WALL BEARING	2 <input type="checkbox"/> WOOD FRAME	3 <input type="checkbox"/> STEEL	4 <input type="checkbox"/> REINFORCED CONCRETE	5 <input type="checkbox"/> OTHER		
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>						
6 <input type="checkbox"/> GAS	7 <input type="checkbox"/> OIL	8 <input type="checkbox"/> ELECTRICITY	9 <input type="checkbox"/> COAL	10 <input type="checkbox"/> OTHER		
<b>C. TYPE OF SEWAGE DISPOSAL</b>						
11 <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			12 <input type="checkbox"/> SEPTIC SYSTEM			
<b>D. TYPE OF WATER SUPPLY</b>						
13 <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			14 <input type="checkbox"/> PRIVATE WELL OR CISTERN			
<b>E. TYPE OF MECHANICAL</b>						
15 WILL THERE BE AIR CONDITIONING?		<input type="checkbox"/> YES <input type="checkbox"/> NO	16 WILL THERE BE FIRE SUPPRESSION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>F. DIMENSION / DATA</b>						
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				
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>						
22 ENCLOSED			23 OUTDOORS			

VI. APPLICANT INFORMATION					
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE</b>					
NAME		TELEPHONE NO.			
ADDRESS	CITY	STATE	ZIP CODE		
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER					
<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/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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Section 23a of the state construction codebook of 1972, 1974, 1980, MCL 125.13231, 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> </div>					
<b>SIGNATURE OF APPLICANT:</b> _____					
PLAN REVIEW FEE ENCLOSED	\$ _____	OR STATE ACCOUNT NUMBER	_____		
BUILDING PERMIT FEE ENCLOSED	\$ _____	OR STATE ACCOUNT NUMBER	_____		
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 <b>Building Inspector</b>			DATE		
LOT# _____		Block# _____		Subdivision: _____	

