## **Building Permit Application**

Village of Cassopolis 121 N. Disbrow, Cassopolis, MI 49031

Phone: 269-445-8648 Fax: 269-445-2052

## Building Inspector - Adam Dahlgren 269-998-2765 Email completed application to adamjdahlgren@gmail.com

Property Tax ID#\_\_\_\_\_

Authority: Penalty:	1972 PA 230  Failure to provide the information may	v result in d	enial of your request	LARA is an equa				iliary aids,	services	and other	r reasonable accommoda	ations are
	or Facility Information	y result iii d	crital of your request.									
PROJECT	<u> </u>				ADDI	RESS						
NAME OF	CITY, VILLAGE OR TOWNSHIP IN WH	HICH JOB I	S LOCATED			CITY				Z	ZIP CODE	
☐ City	☐ Village ☐ Township	OF:										
COUNTY	BET	WEEN				AN	ID					
Applica	nt											
NAME					E-MA	AIL.						
ADDRESS			CITY		STAT		ZIP CODE	= 15	TEI EDUC	ONE NI IMP	BER (Include Area Code)	
ADDRESS			CITT		SIAI		ZIF CODE	·   '	IELEFIC	JINE INUIVIB	SER (IIICIUUE AIEA COUE)	
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NAME					ADDI	RESS						
CITY			STATE		ZIP C	ODE		Ιī	TEL EPHO	ONE NUMB	BER (Include Area Code)	
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I	BY CERTIFY ALL INFORMAT IANCE WITH MCL 125.1510(		BMITTED ON THIS	SAPPLICATION	N IS ACC	JRAIE IC	) THE BE	:51 OF N	VIY KING	OWLED	GE. I FURTHER C	=KIIFY
İ	Section 23a of the state	constru	ction code act of	1972. 1972 F	PA 230. M	CL 125.1	523a. pr	ohibits a	a pers	on from	n conspiring to	
	circumvent the licensing residential structure. Viol	requirer	nents of this state	e relating to p	persons w							
SIGNATUF	RE					DATE				ESTIMATE	ED PROJECT COST	
		,								\$		
CERTIFICA	ATE OF OCCUPANCY (\$50.00 FEE)		ILDING PERMIT FEE EN									
	☐ YES ☐ NO		ne first \$100.00 of an ap n-refundable)	\$				OR STAT	E ACCOL	UNT NUMB	BER	
Validati	on - For Department Use Or	nlv					,	VALIDAT	ION AI	REA		
		,						.,		- 1		
USE GF	ROUP											
TYPE O	F CONSTRUCTION											
SQUAR	E FEET											
APPLIC	ATION FEE (non-refundable)	\$		<del></del>								
CERTIF	ICATE OF OCCUPANCY	YES [	□ NO \$									
NUMBE	R OF INSPECTIONS		\$									
TOTAL	PERMIT FEE \$											
APPRO	VAL SIGNATURE											
1												

Contractor														
NAME			ADDRESS											
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)									
BUILDERS LICENSE NUMBER			'		EXPIRATION DATE									
FEDERAL EMPLOYER ID NUMB	ER (or reason for exemp	tion)	WORKERS COMP INSU	JRANCE CARRIER	(or reason for exemption)									
UNEMPLOYMENT INSURANCE	AGENCY EMPLOYER A	CCOUNT NUMBER (or reason for exem	otion)											
Type of Improvement														
☐ NEW BUILDING ☐	ALTERATION	DEMOLITION	П	FOUNDATION ON	LY RELOCATION									
	REPAIR	☐ MOBILE HOME SET-UP	_	PREMANUFACTU	_									
Plan Review Required														
	cuments are require	ed with each application for a po	ermit											
Construction documents r signature is not required f construction cost. For buildings regulated	2 sets of construction documents are required with each application for a permit.  Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.  For buildings regulated by the Michigan Building Code, 2 sets of construction documents must be submitted with a separate Application for													
Plan Examination, the a	ippropriate fee, ar	d approved before a building	g permit can be iss	ued.										
BCC Plan Review Numb	oer	Sch	nool Site Plan Revi	ew Number (if	f different)									
Residential - Buildings	Regulated by the	Michigan Residential Code												
ONE FAMILY		☐ TOWNHOUSE			☐ DETACHED GARAGE									
☐ TWO OR MORE FAMILY  NO. OF UNITS	_	☐ ATTACHED GAR			☐ OTHER									
Buildings Regulated by	the Michigan Bui	Iding Code												
☐ (A-1) ASSEMBLY (THEATRE	es etc.)	☐ (H-1) HIGH HAZARD (	DETONATION)	Π (	M) MERCANTILE									
(A-1) ASSEMBLY (THEATRE	,	☐ (H-2) HIGH HAZARD (		_ `	R-1) RESIDENTIAL 1 (HOTELS, MOTELS)									
(A-3) ASSEMBLY (CHURCH		☐ (H-3) HIGH HAZARD (	ŕ	,	R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)									
(A-4) ASSEMBLY (INDOOR S		☐ (H-4) HIGH HAZARD	,	,	R-3) RESIDENTIAL 3 (1 & 2 FAMILY)									
(A-5) ASSEMBLY (OUTDOOL		☐ (H-5) HIGH HAZARD (			R-4) RESIDENTIAL 4 (ASSISTED LIVIN\G)									
☐ (B) BUSINESS		☐ (I-1) INSTITUTIONAL		_	S-1) STORAGE 1 (MODERATE HAZARD)									
(E) EDUCATION		(I-2) INSTITUTIONAL	,	_ `	S-2) STORAGE 2 (LOW HAZARD)									
☐ (F-1) FACTORY (MODERATE	E HAZARD)	(I-3) INSTITUTIONAL		_ `	U) UTILITY (MISCELLANEOUS)									
☐ (F-2) FACTORY (LOW HAZA	*	(I-4) INSTITUTIONAL	,	,	,									
WILL THERE BE FIRE SUPPRES	SSION? YES 1	IO SCOPE OF WORK?												
Type of Construction														
☐ 1A - Non Combustible (Proted☐ 2B - Non Combustible (Non F☐ 4 - Heavy Timber			Exterior Walls Only)	□ 3	A - Non Combustible (Rated Structural Elements) 1HR B - Non Combustible (Bearing Walls Rated) B - Combustible (All Elements Not Rated)									
C. Dimensions / Data														
FLOOR AREA:	EXISTING	ALTERATIONS	NEW											
BASEMENT				_										
1ST & 2ND FLOOR														
3RD FLOOR & ABOVE														
TOTAL AREA														

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## **Local Governmental Agency to Complete This Section**

## **ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	ВҮ
A - Zoning	☐ Yes ☐ No ☐ NA				
B - Fire District	☐ Yes ☐ No ☐ NA				
C - Health Department	☐ Yes ☐ No ☐ NA				
E - Soil Erosion	☐ Yes ☐ No ☐ NA				
F - Flood Zone	☐ Yes ☐ No ☐ NA				

The specification for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. A site plan showing the dimensions and the location of the proposed building or structure and the other buildings or structures on the same premises shall be submitted.

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.

General: Building work shall not be started until the application for permit has been filed with the Bureau of Construction Codes. All installations shall be in conformance with the Michigan Building Codes. No work shall be concealed until it has been inspected. The telephone number for the inspector will be provided. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number. Schedule permitting, an inspector will respond to an inspection request within 2 business days to schedule the inspection. The inspector will typically perform the inspection within 5 business days as his or her schedule permits.