This application shall become incorporated as a part of the permit issued and only authorizes the items of work as herein applied for.

BUILDING PERMIT APPLICATION

Shiawassee County
Community Development
Inspection Department
201 N. Shiawassee St.
Corunna, MI 48817
(989) 743-2396
Email: comdev@shiawassee.net

OFFICE USE ONLY

PERMIT # _____

DATE _____

CHECK # _____

RECEIPT # _____

Job Site Address:		Township:		**Property Tax ID #:**	
Property Owner:		Email:		Phone:	
Owners Mailing Address, City, State, Zip:					
Contractor:		Email:		License #:	Exp. Date:
Contractor Address, City, State, Zip:				Phone:	
Workers Disability/Comp Ins Co.:		Employer ID #:		MESC #:	
Use of Building:					

Class of Work: New Home ☒ Addition ☐ Alteration ☐ Pole Barn ☐ Basement ☐ Garage ☐ Modular ☐ Mobile home ☐

Method of Compliance: Michigan Residential Code ☐ Michigan Building Code ☐ Rehabilitation Code ☐

Describe Work:

Special Conditions:

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

***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 Contractor or Authorized Agent* (Date)

_____ _____

Signature of Owner (if owner is doing building) (Date)

***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.**

Application Accepted by:	Plan Reviewed by:	Approved for Issuance by:

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Administration Fee: $40.00

Total Valuation		Permit Fee	
Type of Const.	No. of Stories	C of O Required	
Requirements	Required	Received	Not Required
Contractor Registration			
Zoning			
Well/ Water			
Septic/ Sewer			
Flood Plain			
Soil Erosion			
Plans			
Plan Review			
Energy Comp/Blower Door			
Drain			
Driveway/Address			
Comm. Plan Review Fee			

REQUIRED INSPECTIONS

☐ FOOTING ☐ ROUGH ☐ BACKFILL

☐ INSULATION ☐ OTHER ☐ FINAL