

**MORAN TWP., MACKINAC COUNTY  
CONSTRUCTION CODE ENFORCING AGENT  
W1362 US-2 • P.O. BOX 364  
ST. IGNACE, MI 49781**

DATE SUBMITTED \_\_\_\_\_

PROPERTY ID # \_\_\_\_\_

ENCLOSE CHECK payable to: **MORAN TWP. TREASURER**

**APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT**

**IMPORTANT — Applicant to complete all items**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____
	CITY _____ TOWNSHIP _____
	SECTION _____ T _____ R _____
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

**II. TYPE AND COST OF BUILDING — All applicants complete Parts A — D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D. 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D. 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p><b>D. PROPOSED USE — For "Wrecking" most recent use</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more — Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage, Pole Bldg. Storage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="vertical-align: top;"> <p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Tanks, towers</p> <p>28 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more — Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage, Pole Bldg. Storage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Tanks, towers</p> <p>28 <input type="checkbox"/> Other - Specify _____</p>
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<p><b>B. OWNERSHIP</b></p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p><b>C. COST</b></p> <p>10 Cost of improvement \$ _____</p> <p style="padding-left: 20px;">a. Electrical _____</p> <p style="padding-left: 20px;">b. Plumbing _____</p> <p style="padding-left: 20px;">c. Heating, air conditioning _____</p> <p style="padding-left: 20px;">d. Other (elevator, etc.) _____</p> <p>11 TOTAL COST OF IMPROVEMENT \$ _____</p> <p>12 FEE ENCLOSED (per enforcing agency current fee schedule) \$ _____</p>	<p>(Omit Cents)</p>	<p>Nonresidential — Describe in detail proposed use of buildings, 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.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E — L; for wrecking, complete only Part J, for all others skip to IV.**

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other — Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>50. Basement - Crawl _____</p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other — Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms _____</p>
	<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes    45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes    47 <input type="checkbox"/> No</p>	<p>54. Number of Full _____</p> <p>                  bathrooms Partial _____</p>	

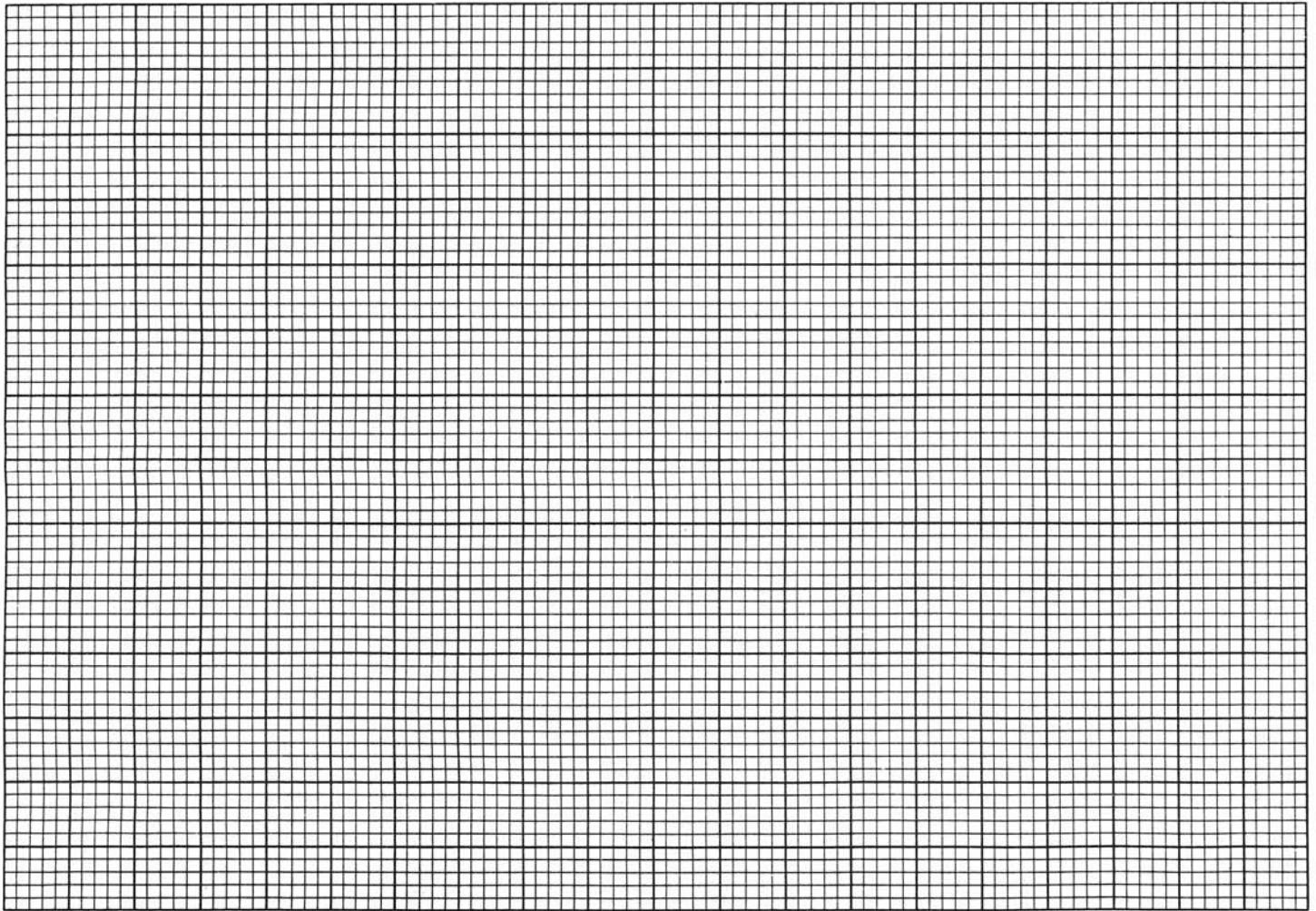
**LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION:**

IV. ENVIRONMENTAL CONTROL APPROVALS						
	REQUIRED	NOT REQUIRED	APPROVED	DATE OBTAINED	NUMBER	BY
1 – ZONING						
2 – SOIL EROSION						
3 – FLOOD ZONE						

**PLANS NEEDED FOR PERMIT**

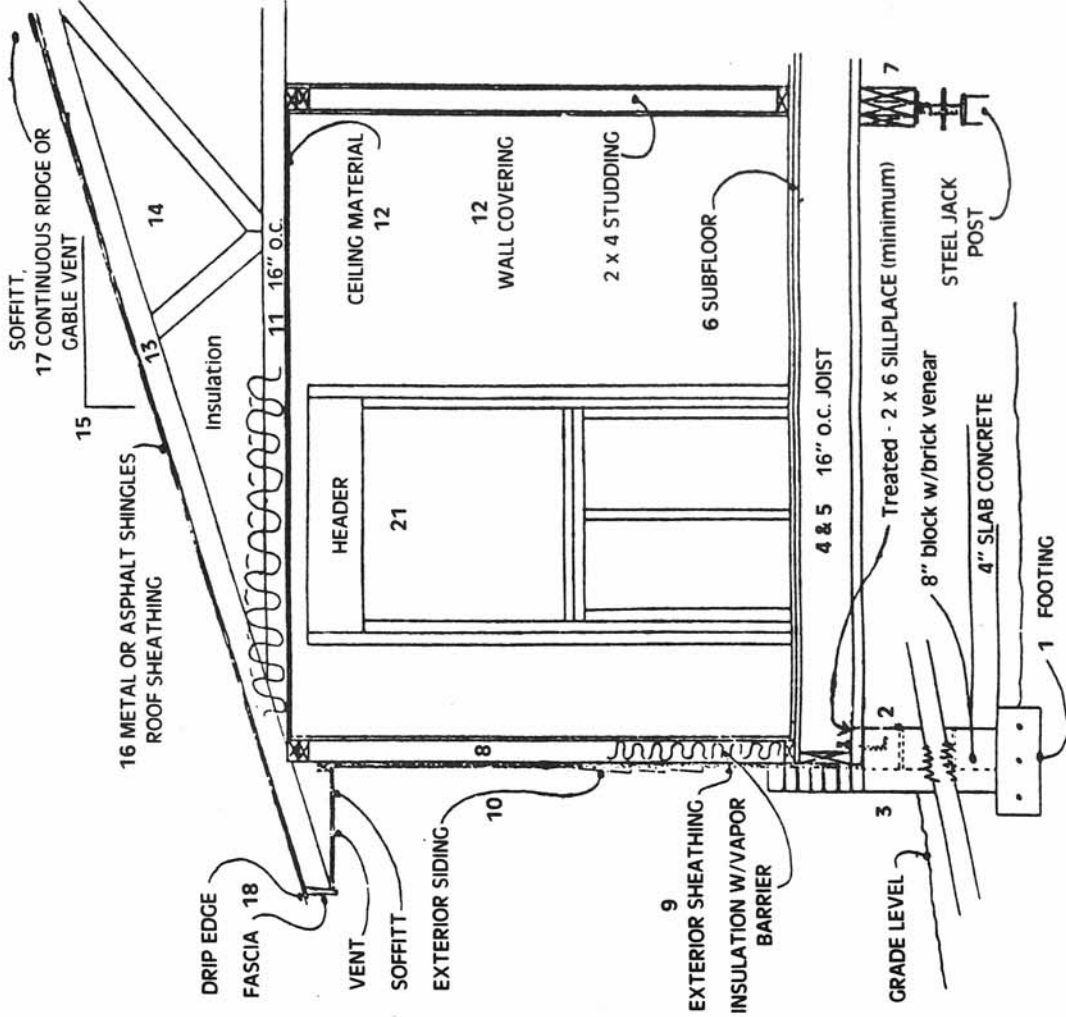
Complete 1st floor layout with all dimensions, location of windows, door, rooms, basement / crawlspace beams, etc.  
 Complete 2nd floor layout - as above if applicable.  
 Garage layout with all dimensions, location of windows, doors, stairs, etc.  
 Minimum paper size to be submitted is 6" x 8" as per application form up to full size blueprints.

**V. FLOOR PLAN(S) — *Include All Dimensions* Not necessary if plans are submitted.**



## VI. SPECIFICATIONS

1. Footings \_\_\_\_\_
2. Foundation wall thickness \_\_\_\_\_ Height \_\_\_\_\_
3. Number of crawl space vents \_\_\_\_\_
4. Floor joists material \_\_\_\_\_
5. Floor joists size \_\_\_\_\_ span \_\_\_\_\_
6. Subfloor material \_\_\_\_\_  
Subfloor 1st layer thickness \_\_\_\_\_ 2nd layer thickness \_\_\_\_\_
7. Size of basement beam (if used) \_\_\_\_\_
8. Stud size \_\_\_\_\_ height \_\_\_\_\_
9. Exterior sheathing: Material \_\_\_\_\_
10. Exterior siding: Material \_\_\_\_\_
11. Ceiling joists size \_\_\_\_\_ span \_\_\_\_\_
12. Ceiling covering \_\_\_\_\_ wall covering \_\_\_\_\_
13. Rafters, Trusses \_\_\_\_\_ span \_\_\_\_\_
14. Load rating of trusses \_\_\_\_\_
15. Roof: pitch \_\_\_\_\_ overhang \_\_\_\_\_
16. Roof sheathing material \_\_\_\_\_ Roof cover material \_\_\_\_\_
17. Type of venting: ridge \_\_\_\_\_ soffit \_\_\_\_\_ gable \_\_\_\_\_
18. Fascia and soffit material \_\_\_\_\_
19. Entrance door size \_\_\_\_\_
20. Garage door size \_\_\_\_\_
21. Bedroom window size \_\_\_\_\_
22. Smoke detector is mandatory! Brand \_\_\_\_\_





**VII. IDENTIFICATION — To be completed by all applicants**

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee			
2. Contractor		Builder's License No.	
3. Architect or Engineer			

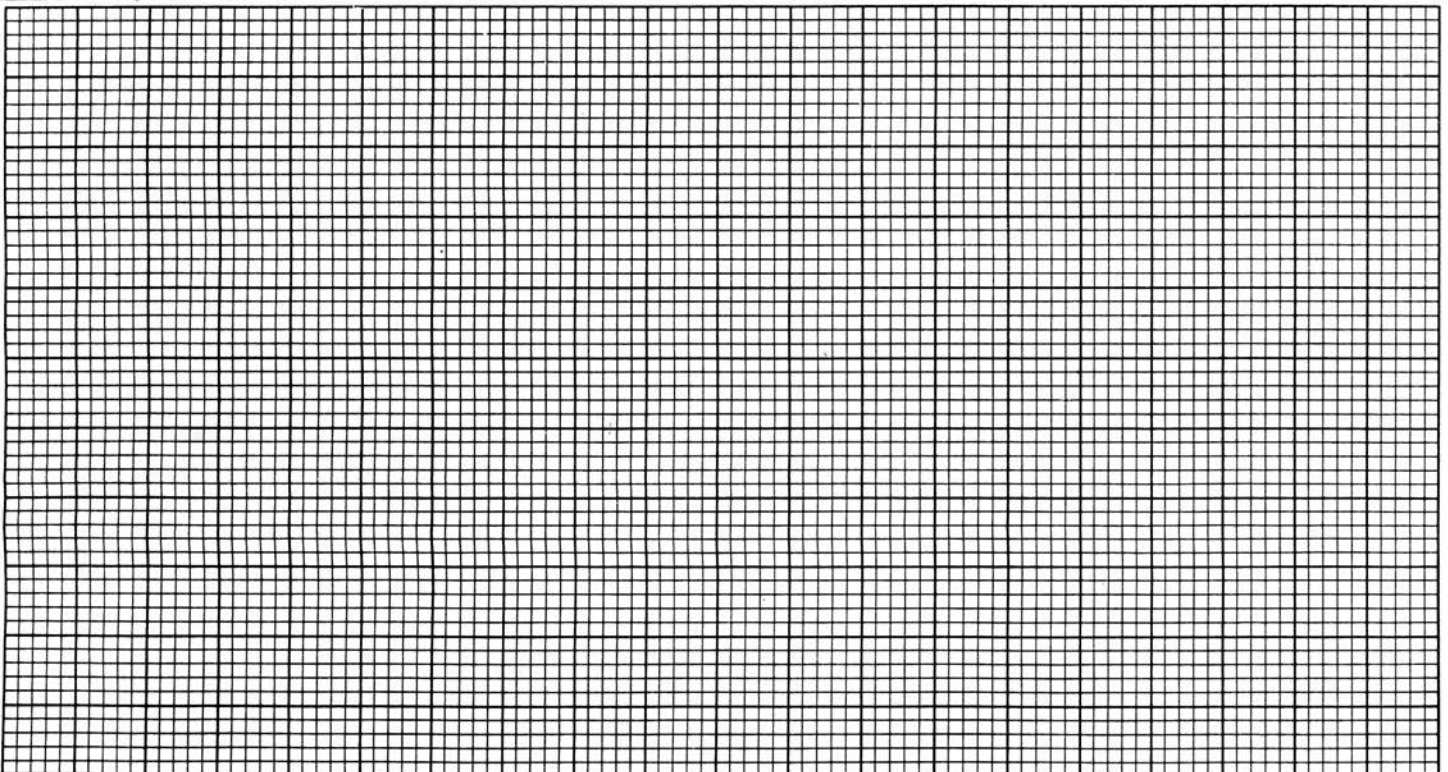
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**VIII. List adjoining property owners names and addresses. Enter on Site or Plot Plan**

Name	Address	City	State	Zip

**SITE OR PLOT PLAN — Applicant - Show location of structures in relation to nearest road and lot lines**



**IX. VALIDATION — Office Use Only**

Building Permit number _____	Certificate of Occupancy Issued _____
Building Permit issued _____ 20_____	Approved by: _____
Building Permit Fee \$ _____	_____
<b>ZONING EVALUATION</b>	TITLE
Plan Review Fee \$ _____	