

Building Permit Application
Michigan Code Inspections, LLC
PO Box 112, Paw Paw, MI. 49079
Phone: 269-539-8747
permits.MCILLC@gmail.com
<https://mcillc.us/>

(Continue to remaining pages and
complete before printing this
document)

This form can be completed by
tabbing to each field and typing in
the required information.

Authority: 1972 PA 230 Penalty: Failure to provide the information may result in denial of your request.		LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	
Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		CITY	ZIP CODE
☐ City ☐ Village ☐ Township OF:			
COUNTY	BETWEEN _____ AND _____		
Applicant			
NAME		E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE TELEPHONE NUMBER (Include Area Code)
Owner of the land in fee on which the building or structure will be constructed			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
Cost and Fees			
ESTIMATED PROJECT COST			
\$ _____			
Re-Open Expired Permit	\$75.00		
Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00		
CERTIFICATE OF OCCUPANCY (\$50.00 FEE) ☐ YES ☐ NO	BUILDING PERMIT FEE ENCLOSED (The first \$100.00 of an application is non-refundable) \$ _____		OR STATE ACCOUNT NUMBER _____
Validation – For Department Use Only		Validation Area	
USE GROUP _____			
TYPE OF CONSTRUCTION _____			
SQUARE FEET _____			
APPLICATION FEE (non-refundable) \$ _____			
CERTIFICATE OF OCCUPANCY ☐ YES ☐ NO \$ _____			
NUMBER OF INSPECTIONS _____ \$ _____			
TOTAL PERMIT FEE \$ _____			
APPROVAL SIGNATURE _____			

Residential buidler or Residential maintenance and alteration contractor			
NAME		COMPANY NAME	ADDRESS
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Purpose of Project				
FOUNDATION ONLY				
☐ NEW BUILDING	☐ ALTERATION	☐ DEMOLITION	☐ PREMANUFACTURE	☐ RELOCATION
☐ ADDITION	☐ REPAIR	☐ MOBILE HOME SET-UP	☐	☐ OTHER _____

Plan Review Required
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. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit 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. For buildings regulated by the Michigan Building Code, 2 sets of printed prints and 1 set of digital, the appropriate fees will be assessed, and approved before a building permit can be issued. _____

Residential - Buildings Regulated by the Michigan Residential Code		
☐ ONE FAMILY	☐ TOWNHOUSE NO. OF UNITS _____	☐ DETACHED GARAGE
☐ TWO OR MORE FAMILY NO. OF UNITS _____	☐ ATTACHED GARAGE	☐ OTHER _____

Buildings Regulated by the Michigan Building Code		
☐ (A-1) ASSEMBLY (THEATRES, ETC.)	☐ (H-1) HIGH HAZARD (DETONATION)	☐ (M) MERCANTILE
☐ (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	☐ (H-2) HIGH HAZARD (DEFLAGRATION)	☐ (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
☐ (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	☐ (H-3) HIGH HAZARD (COMBUSTION)	☐ (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
☐ (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	☐ (H-4) HIGH HAZARD (HEALTH HAZARD)	☐ (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
☐ (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	☐ (H-5) HIGH HAZARD (HPM)	☐ (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
☐ (B) BUSINESS	☐ (I-1) INSTITUTIONAL 1 (SUPERVISED)	☐ (S-1) STORAGE 1 (MODERATE HAZARD)
☐ (E) EDUCATION	☐ (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	☐ (S-2) STORAGE 2 (LOW HAZARD)
☐ (F-1) FACTORY (MODERATE HAZARD)	☐ (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	☐ (U) UTILITY (MISCELLANEOUS)
☐ (F-2) FACTORY (LOW HAZARD)	☐ (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION? ☐ YES ☐ NO			SCOPE OF WORK?
Type of Construction			
☐ 1A - Non-Combustible (Protected Structural Elements) 3HR	☐ 1B - Non-Combustible (Rated Structural Elements) 2HR	☐ 2A - Non-Combustible (Rated Structural Elements) 1HR	
☐ 2B - Non-Combustible (Non-Rated Structural Elements)	☐ 3A - Non-Combustibles (Exterior Walls Only)	☐ 3B - Non-Combustible (Bearing Walls Rated)	
☐ 4 - Heavy Timber	☐ 5A - Combustible (Structural Elements Rated) 1HR	☐ 5B - Combustible (All Elements Not Rated)	

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

[illegible]

Local Governmental Agency to Complete This Section
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ENVIRONMENTAL CONTROL APPROVALS

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

General: Building work shall not be started until the permit has been issued by the Michigan Code Inspections, LLC . All installations shall be in compliance with the Michigan Building Codes. **No work shall be concealed until it has been inspected.** The telephone number for the inspector shall be provided on the permit form. **When ready for an inspection, call the inspector providing as much advance notice as possible and provide the inspector with the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (1-2) business days subject to the inspection schedule.**

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 REOPENED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

Where to Submit Application: The **Bureau of Construction Codes** is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school building construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the [Statewide Jurisdiction List](#) for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the [Local School Construction Enforcement List](#). This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the appropriate enforcing agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to permits.MCILLC@gmail.com or 269-539-8747.

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.

I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
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