



COMMUNITY BUILDING SERVICES

BUILDING PERMIT APPLICATION <i>(Commercial & Residential)</i>	Bldg. Permit No. _____
Project Jurisdiction: <input type="checkbox"/> DeWitt Charter Township <input type="checkbox"/> City of DeWitt <input type="checkbox"/> City of Grand Ledge	Utility Permit No. _____

Description of Project: _____

Job Address: _____

Property Owner: _____
Name Address Phone

Occupant (if different): _____

Market Value of Project (must include labor, material & profit): _____

Work will be completed by: Owner Occupant Licensed Contractor (see below)

CONTRACTOR INFORMATION:

Business / Organization: _____

Contractor: _____ Office No.: _____

Cell No.: _____ Fax No.: _____

Address: _____ City, State, Zip: _____

Email: _____ State License No.: _____ Exp. Date: _____

Federal ID No. (**DO NOT USE SOCIAL SECURITY NO.**): _____

Workers Comp Ins. (or reason for exemption): _____

MESC Employer No. (or reason for exemption): _____

ARCHITECT/ENGINEER:

Name: _____ Contact No.: _____

Address: _____ City, State, Zip: _____

Email: _____ State License No.: _____ Exp. Date: _____

SEWER CONTRACTOR INFORMATION (if applicable):

Name: _____ Phone No.: _____

Address: _____

APPLICANT ACKNOWLEDGEMENT:

“Section 23a of the state construction code act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws, 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.”

Print	Signature	Date

BUILDING DEPARTMENT USE ONLY

Permit Fee	Signature	Date

The following MUST be submitted with an application for building permit, as applicable to appropriate jurisdiction:

- Building Permit Application and Project Specification Sheet
- Drawings - 2 sets for residential, 3 sets for commercial (must be sealed for commercial projects of any size) *or* Specification Sheet (i.e. deck, pole barn) filled out at applicable.
- 2 copies of site plan (drawn to scale showing lot dimensions, size & location of proposed & existing structures with distances from property lines, all public & private easements and the location of the water meter for new homes).
- Inspection Requirements & Miss Dig Notice signed by applicant.
- Energy Code Worksheet - go to www.energycodes.gov/rescheck to complete an online calculation form.
- Sewer Contractor Information. Liability requirements:
 - Permit Bond for \$10,000
 - Personal liability insurance coverage for \$1 million
 - Property damage insurance coverage for \$1 million
 - Aggregate insurance coverage for \$2 million
- Drive permit from the Clinton County Road Commission, unless the road is private.
- Copies of well & septic permit, if necessary and/or applicable.
- Soil erosion permit or exemption/waiver from appropriate jurisdiction.
- Site address from Zoning/Assessing/Equalization, as applicable, if lot is not in a platted subdivision.
- Proof of ownership (i.e. Recorded Warranty Deed or Land Contract, Property Transfer Affidavit or written permission from land owner of record authorizing construction on the site.

DESIGNATED INSPECTION LINE: 517-277-0700



414 E. MAIN STREET
DEWITT, MICHIGAN 48820

PROJECT SPECIFICATION SHEET

Please use this form for all New Homes, Remodels or Additions

CITY OF DEWITT
INSPECTION LINE: (517) 668-0278
DIRECT NUMBER: (517) 669-2441
FAX NUMBER: (517) 669-8211
www.dewittmi.org

Job Address: _____ Date: _____

Lot Number: _____ Subdivision: _____ Property Tax Number: _____

Basic Dimensions: _____ ft. x _____ ft. Number of Floors: _____

Number of full bathrooms: _____ Number of half bathrooms: _____ Number of bedrooms: _____

_____ Sq. Ft. Main floor _____ Sq. Ft. - Unattached stor. blds. _____ Number of gas fireplaces

_____ Sq. Ft. 2nd floor _____ Sq. Ft. - Covered porches _____ Number of wood fireplaces

_____ Sq. Ft. Finished bsmt. _____ Sq. Ft. - Enclosed porches _____ Number of factory chimneys

_____ Sq. Ft. Unfinished bsmt. _____ Sq. Ft. - Wood decks _____ Ceiling hts. of main living area

_____ Sq. Ft. Attached garage _____ Central air _____ Ceiling hts. of bsmt. living area

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS:	INSULATION:	CHIMNEY TYPE:
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- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Ftgs. _____" x _____" | <input type="checkbox"/> _____" Fiber glass | <input type="checkbox"/> _____ Brick |
| <input type="checkbox"/> _____" Below finished grade | <input type="checkbox"/> _____" Cellulose | <input type="checkbox"/> _____ Block |
| <input type="checkbox"/> No. of post footings _____" x _____" | <input type="checkbox"/> _____" Blown-in fiber glass | <input type="checkbox"/> _____ Stone |
| <input type="checkbox"/> Poured walls | <input type="checkbox"/> _____" Foam | <input type="checkbox"/> _____ Metal |
| <input type="checkbox"/> Hollow concrete block | <input type="checkbox"/> _____" Other _____ Type | |
| <input type="checkbox"/> Wood foundation | <input type="checkbox"/> _____" Rigid polyurethane | |
| <input type="checkbox"/> Foundation height in ft. _____ and inches _____ | <input type="checkbox"/> _____" Rigid styrofoam | |
| <input type="checkbox"/> Crawl space height in ft. _____ and inches _____ | <input type="checkbox"/> _____" Insulated sheathing | |
| <input type="checkbox"/> Bsmt. egress window sill height _____ inches | <input type="checkbox"/> _____ Ty-vek or other _____ | |
| <input type="checkbox"/> _____ Number of basement windows | <input type="checkbox"/> _____ (mil) Vapor barrier | |
| <input type="checkbox"/> _____ ft. ² Area of crawl space vent openings | | |

ROUGH FRAMING:	ROOFS:	BUILT-INS:
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- | | | |
|---|--|--|
| <input type="checkbox"/> Treated sill plates _____" x _____" | <input type="checkbox"/> _____ Hip | <input type="checkbox"/> _____ Oven |
| <input type="checkbox"/> Wall plates _____" x _____" | <input type="checkbox"/> _____ Gable | <input type="checkbox"/> _____ Range |
| <input type="checkbox"/> Headers _____ Size and/or Type | <input type="checkbox"/> _____ Gambrel | <input type="checkbox"/> _____ Disposal |
| <input type="checkbox"/> Wood girder or <input type="checkbox"/> Steel girder | <input type="checkbox"/> _____ Overhangs | <input type="checkbox"/> _____ Microwave |
| <input type="checkbox"/> Steel columns _____ ft. on center | <input type="checkbox"/> _____ Eave troughs | <input type="checkbox"/> _____ Hood/fan |
| <input type="checkbox"/> Stud walls _____" x _____" _____ O.C. | <input type="checkbox"/> _____ Asphalt shingles | <input type="checkbox"/> _____ Dishwasher |
| <input type="checkbox"/> Floor joists _____" x _____" _____ O.C. | <input type="checkbox"/> _____ Fiber glass shingles | <input type="checkbox"/> _____ Refrigerator |
| <input type="checkbox"/> I - joists | <input type="checkbox"/> _____ Tiles | <input type="checkbox"/> _____ Incinerator |
| <input type="checkbox"/> Ceiling joists _____" x _____" _____ O.C. | <input type="checkbox"/> _____ Metal roofing | <input type="checkbox"/> _____ Vanities |
| <input type="checkbox"/> Rafters _____" x _____" _____ O.C. | <input type="checkbox"/> _____ Cedar shingles | <input type="checkbox"/> _____ Book case _____ Ft. x _____ Ft. |
| <input type="checkbox"/> Engineered trusses (diagrams required in field) | <input type="checkbox"/> _____ Number of roof vents | <input type="checkbox"/> _____ Sound system |
| <input type="checkbox"/> Wall sheathing-thickness in _____ inches | <input type="checkbox"/> _____ Continuous ridge vent | <input type="checkbox"/> _____ Entertainment center |
| <input type="checkbox"/> Corner bracing sheathing or <input type="checkbox"/> metal brace | <input type="checkbox"/> _____" Roof sheathing | <input type="checkbox"/> _____ Sauna |
| | | <input type="checkbox"/> _____ Whirlpool tubs |
| | | <input type="checkbox"/> _____ Wet bar |
| | | <input type="checkbox"/> _____ Computer station |

WINDOWS:	EXTERIOR:	INTERIOR:
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- | | | |
|---|--|--|
| <input type="checkbox"/> _____ Number of windows | <input type="checkbox"/> _____ Wood | <input type="checkbox"/> _____ Foyer material type |
| <input type="checkbox"/> _____ Wood sash | <input type="checkbox"/> _____ Aluminum | <input type="checkbox"/> _____ Kitchen floor type |
| <input type="checkbox"/> _____ Metal sash | <input type="checkbox"/> _____ Vinyl | <input type="checkbox"/> _____ Other floor coverings |
| <input type="checkbox"/> _____ Vinyl sash | <input type="checkbox"/> _____ Brick _____' x _____' | <input type="checkbox"/> _____ Drywall |
| <input type="checkbox"/> _____ Other type _____ | <input type="checkbox"/> _____ Block | <input type="checkbox"/> _____ Plaster |
| <input type="checkbox"/> _____ Number of egress windows | | <input type="checkbox"/> _____ Wainscoting |
| <input type="checkbox"/> _____ Attic accesses (minimum 22" x 30") | | |

Signature: _____ Date: _____