



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 - 2 hard copies, 1 digital (must be sealed for commercial projects of any size) *or* Specification Sheet (i.e. deck, pole barn) filled out as 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 appropriate jurisdiction, 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: _____