



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
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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

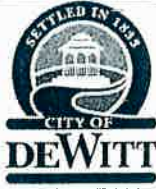
BUILDING DEPARTMENT USE ONLY

_____	_____	_____
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:
<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:
<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:
<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: _____



414 E. MAIN STREET
DEWITT, MICHIGAN 48820

INSPECTION REQUIREMENTS & MISS DIG NOTICE

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

Please be advised of the following regulations regarding building permits:

1. To receive an inspection within 48 hours, this office requires a 24 hour notice.
2. All inspections must be called for by Address or Permit Number.
3. The applicant or applicant's agent will be held responsible for calling for the required inspections as indicated on the application form.
4. **Mandatory Storm Sewer Connection:** According to Section 66-311 of the City of DeWitt Code, all houses, buildings or properties located within the City adjoining any street, easement or right of way in which there is located a public storm sewer main shall be required to connect directly to the public sewer main.
5. It is a violation of the Michigan Building Code and the City of DeWitt's Zoning Ordinance to occupy any structure without a Certificate of Occupancy.
6. Pursuant to Act 53 of 1974, you are responsible to provide notice to all affected parties as to any excavations which could potentially endanger any underground utility facilities. Said notice is required to be given not less than three full business days (72 hours), excluding Saturdays, Sundays and holidays, before beginning any work. Please contact "Miss Dig" at 811 or www.missdig.net.

This certifies that I have read and understand the above:

Signature: _____ Date: _____

CITY OF DEWITT, MICHIGAN

Application and Permit to Construct, Operate, Use
and/or Maintain within the Right-of-Way

DO NOT WRITE IN THIS BOX

PERMIT # _____

DATE OF ISSUANCE: _____

APPLICANT TO COMPLETE INFORMATION WITHIN HEAVY LINES

Location of Work: _____

APPLICANT	Name		work to commence: _____
	Address		
	City	Phone	

OWNER	Name		work to end: _____
	Address		ATTACHED TO APPLICATION:
	City	Phone	

CONTRACTOR	Name		<input type="checkbox"/> Map	<input type="checkbox"/> Proof of Insurance
	Address		<input type="checkbox"/> Plans	<input type="checkbox"/> Copy of Resolution
	City	Phone	<input type="checkbox"/> Bond	<input type="checkbox"/> Other
			<input type="checkbox"/> Specification	

DESCRIPTION OF WORK:

DATE SUBMITTED _____ SIGNATURE AND TITLE OF APPLICANT _____

PERMIT GRANTED UNDER FOLLOWING CONDITIONS:
SEE REVERSE SIDE

CHARGES:

- GENERAL CONDITIONS:**
1. The applicant shall save harmless The City of DeWitt against any and all claims arising from operations covered by this permit.
 2. All work shall be carried out in the manner applied for and in accordance with plans, specifications, map and statements filed with The City of DeWitt as part of this permit.
 3. The applicant shall take, provide and maintain all necessary precautions to prevent injury or damage to persons and property from operations covered by this permit and use safety devices which are approved by The City of DeWitt.
 4. The applicant shall immediately remove, alter, relocate at applicant's expense the facility for which this permit is granted, if requested by The City of DeWitt to do so. Upon failure to remove, alter, relocate or surrender the facility pursuant to the request of The City of DeWitt, reimburse The City of DeWitt for the cost of doing same.
 5. The applicant shall surrender the permit herein applied for, cease operations and surrender all rights thereunder whenever notified to do so by The City of DeWitt because of need for the area covered by the permit or because of a default in any of the conditions of the permit.
 6. Any and all operations under this permit shall meet all requirements of The City of DeWitt Municipal Standards attached to, or as set forth on the reverse side of this application and permit.

A PERMIT as requested in the forgoing application subject to the conditions to which applicant therein agrees, is hereby granted for the period commencing: _____ and ending _____.

By _____
City Administrator/DPS Supervisor

NOTE: This permit does not relieve applicant from meeting any applicable requirements of law or of other public bodies or agencies.



414 W. MAIN STREET
DEWITT, MICHIGAN 48820

* **SITE AND/OR PLOT PLAN FORM** *

CITY OF DEWITT BUILDING PERMIT

INSPECTION LINE: (517) 668-0278

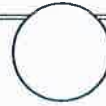
DIRECT NUMBER: (517) 668-2441 FAX NUMBER: (517) 669-8211

Applicant/owner: _____ Date: _____

Address: _____
Number & Street City Zip Code

Lot Number: _____ Subdivision: _____ Unplatted parcel

Buildings will be used for: _____



In the circle to the left indicate where north is in relation to the site plan drawing below.

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I certify that the construction proposed will conform to the use dimensions shown and that no changes will be made without first obtaining approval of the DeWitt Township Building Department.

Applicant/Owner: _____ (Please Print) _____ (Signature) _____ Date: _____

Approved by: _____ (Building Department Official) _____ Date: _____