	1 6-7 (1911)		BUILDING PERMIT ARE REQUI		Schoolcraft County Building Dept				
BUILDER TO SCHEDULE. 906-341-3677 BUILDING INSPECTOR SIGNATURE: Office Phone: 906-341-367 BUILDING INSPECTOR SIGNATURE: Office Phone: 906-341-36 Office Phone: 906-341-36 906-341-36 906-341-36 906-341-36 906-341-36 WATERNAYS, PROPERTY LINES, UTILITIES AND DIMENSIONS PROPERTY OWNER OF PROVAL/PERMIT FROM LIMAS DISTRICT HEALTH DEPARTMENT (Foundation, derintion and section via private proval permit from the private pr	DATE	NIED:	ARE THE RESPONSIBILITY OF T	THE	300 Walnut Street #207				
BUILDING INSPECTOR SIGNATURE: Office Phone: 908-341-3678 906-341-36 906-341-36 **SITE PLAN - SHOWING PROPOSED CONSTRUCTION AND ADJACENT STRUCTURES, ROADS, DRIVEWAYS, PROPERTY LINES, UTILITIES AND DIMENSIONS DRAWINGS THAT SHOW STRUCTURAL DETAILS AND CODE REQUIREMENTS (toundation, derivation and section viewards) **PROPERTY WITH THIS - SANITARY APPROVAL/PERMIT FROM LIMAS DISTRICT HEALTH DEPARTMENT - SALIS, CEPRMIT FOR EASTH WORK WITHIN 500' OF A LAKE, RIVER OR STREAM DRIVEWAY PERMIT, FIRE SIGN ENERGY CODE COMPULANCE INCOMPLETE APPLICATIONS WILL BE RETURNED **PROPERTY OWNER** PROPERTY OWNER** FIRE # ROAD	DATEIS	OCD:		DULE.	Manistique, MI 49854				
Office Phone: 906-341-3678 906-					<u>-</u>				
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Any person doing residential work for a set price, provides materials and labor, or works under any terms/conditions other than hourly wages only -MUST BE LICENSED BY THE STATE OF MICHIGAN-		Workers comp. i	ns. OR reason for exemption:						
ALL WORK MUST BE INSPECTED PRIOR TO BEING ENCLOSED OR COVERED UP		nourly wages	only -IVIUS I BE LICENSED BY T	HE STATE OF	MICHIGAN-				

ALL INSPECTIONS MARKED ON THIS

PERMIT NO .:

- FOR TIMELY INSPECTIONS PROVIDE TWO WORKING DAYS NOTICE
- CERTIFICATE OF OCCUPANCY MUST BE ISSUED PRIOR TO OCCUPANCY
- PERMITS WITH NO ACTIVITY FOR 180 DAYS WILL BE EXPIRED

TYPE OF	NEW BUILDING		PREMANUFA	CTURED (STATE)		DECK/PORCH		MOVED STRUCTURE	0		
IMPROVEMENT	ADDITION		MANUFACTU	IRED (HUD)		FOUNDATION		UTILITY			
Check one or more	GARAGE		REPAIR/REM	IODEL		DEMOLITION		OTHER			
	COMMERCIAL (c	omple	te next section)							
	1										
	USE GROUP CLAS	SIFICA	TION			LIST 1	HE SC	UARE FEET OF EACH FI	RE AREA		
COMMERCIAL	CONSTRUCTION	TYPE									
	OCCUPANCY LOA	D									
	FIRE SUPPRESSION? YES NO										
PROJECT DESCRIPTION											
	BASEMENT		X	SQ.FT	0		Power 4	APPA 1/4/1/4			
	1ST FLOOR		_ x	SQ.FT	0		ESTIMATED VALUATION OF THE PROJECT				
DIMENSIONS	2ND FLOOR		_ x	SQ. FT	0		\$				
DIMILIAZIONA	GARAGE		x	SQ.FT	0						
	DECK/PORCH		_ x	SQ.FT	0		TOTAL	. sq. ft.: 0			
	OTHER		x	SQ.FT	0						
	NAME	APP	LICANT MU	ST PROVIDE F	EE /	AND ALL NECE		Y DOCUMENTS			
APPLICANT	ADDRESS						PHO				
IF OTHER THAN OWNER	CITY						EM	AIL			
						STATE	ZIP	37/2			
) H	EREBY CERTIFY ALL INI	FORMA 1	TION SUBMITTEI FURTHER CERTI	ON THIS APPLICA	TION ITH M	IS ACCURATE TO TO	HE BES	OF MY KNOWLEDGE.			
SIGNATURE (SIGNAT	TURE OF OWNER OR E	DESIGN	ATED AGENT RE	QUIRED)	_			DATE			
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	HECK OR MOI										
	ay online at https:			where 1		, work to be designed to be because of					
"Section 23a of the State state relating to	Construction Code Act persons who are to pe	of 1972 rform w	, 1972 PA 230, Mo vork on a resident	CL 125.1523a, prohil tial building or a res	bits a identi	person from conspi al structure. Violato	ring to e ers of se	ircumvent the licensing re- ction 23a are subject to civ	quirements of this H fines."		
	, d			OFFICE USE BELO	w			ŗ			
EQUIRED INSPE	ECTIONS (If ch	ecke	ed)	FEE USE	S: F	OR DEPART	MEN	T CALCULATION	ONS		
				SF RESID	ENTI	AL		\$0.47 X	_ SQ FOOT		
DOTING											

REQUIRED INSPECTIONS (If check	(ed)
FOOTING	
FOUNDATION	
FRAMING	
INSULATION	
FINAL	
FAILED INSPECTIONS CHARGE ADDITION	NAL \$75.00

FEES: FOR DEPARTMENT USE	CALCULATIONS				
SF RESIDENTIAL	\$0.47 X	SQ FOOT			
"OFF GRID" CABIN	\$0.25 X	SQ FOOT			
PORCH/DECK/SLAB	\$0.06 X	SQ FOOT			
GARAGE	\$0.10 X	SQ FOOT			
POLE BUILDING	\$0.10 X	SQ FOOT			
INSPECTION	\$75.00 X	# OF INSP			
PLAN REVIEW	\$50.00 PER HR (min fee \$50.00 x 1 hr)				
COMMERCIAL					
UNFINISHED BASEMENT	\$0.08 X	SQ FOOT			
TOTAL:					