

Application For Building Permit No. _____

IRON COUNTY

CONSTRUCTION CODE COMMISSION AND APPEALS BOARD

CRYSTAL FALLS, MICHIGAN 49920

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
 COMPLETION: MANDATORY TO OBTAIN PERMIT
 PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

B. ARCHITECT OR ENGINEER

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	

C. CONTRACTOR

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION

B. REVIEW(S) TO BE PERFORMED

BUILDING
 ELECTRICAL
 MECHANICAL
 PLUMBING
 FOUNDATION