



APPLICATION: MASTER BUILDING PERMIT

City of Mason

John Dodson, Building Official/Building Inspector

201 W. Ash Street • Mason, MI 48854 ♦ Phone: 517/676-9155 • Fax: 517/676-1330

www.mason.mi.us

Please call for an appointment if you would like to discuss your application with the building inspector

I. APPLICANT INFORMATION

Name _____ Organization _____

Address (Street, City, State, Zip) _____

Telephone Number (____) _____ Facsimile Number (____) _____

Interest in Property (owner, contractor, tenant, option, etc.) _____

II. PROJECT DESCRIPTION Project Name _____

Project Address _____

Property Owner Name _____ Telephone Number (____) _____

Property Owner Address _____

Written Description of Work (attach additional pages, if necessary)

III. CONTRACTOR INFORMATION (If more than one contractor is working on the project, list all on separate sheet)

Valuation of Work _____ Contractor License No. _____ Exp. Date _____

Name _____ Telephone Number _____

Address(Street, City, State, Zip) _____

IV. APPLICATION MATERIALS ON REVERSE SIDE

APPLICANT CERTIFICATION

NOTICE: This permit becomes null and void if work or construction is not commenced within six months, or if work or construction is suspended or abandoned for a period of six months at any time after work is commenced. A true copy of the plans of said structure is attached. It is understood that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. "Section 23a of the Michigan Construction Code Act of 1972 (1972 PA 230, MCL 125.1523A) prohibits a person from conspiring to circumvent the licensing requirement of this State relating persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines." By execution of this application, the person signing represents that the information provided and the accompanying documentation is, to the best of his/her knowledge, true and accurate. In addition, the person signing represents that he or she is authorized and does hereby grant a right of entry to City officials for the purpose of inspecting the premises and uses thereon to verify compliance with the terms and conditions of any permit or approval issued as a result of this application.

Signature _____ Date _____

APPLICATION MATERIALS Applicants should review Section 94-95 of the Mason Code for a complete listing of application requirements. Incomplete applications will not be processed. The following is a summary of materials that must accompany a completed building permit application:

- Completed application form
- Site plan, including the following (as necessary):
 - Boundary line survey
 - Location, setbacks, dimensions, and height of existing and proposed structures
 - The existing or intended use
 - The proposed number of sleeping rooms
 - Location of utility lines, wells, and septic drain fields
 - The yard, open space and parking area dimensions
- Street grades, proposed finished grades and contour changes (where changes are proposed)
- Location of regulated waterways, floodplains or wetlands
 - Legal description (as necessary)
 - Proof of ownership/owner authorization
 - Construction schedule for proposed project
 - Construction calculations for utilities
 - Fee
 - Any other information deemed necessary

FOR DEPARTMENTAL USE ONLY

ZONING REVIEW

Zoning District _____ Existing Structure or Use: Conforming ___ Non-Conforming ___
 Proposed Structure or Use: Conforming ___ Non-Conforming ___ Variance Granted ___ Date _____
 Located in Flood Zone _____ FIRM Community Panel No. _____ Flood Zone _____
 Riverwalk Meadows/Cedar Street Suspense Assessment _____ Temple Street Special Assessment _____
 Historic District Commission Review Required: yes ___ no ___ Date Approved _____
 Approved ___ Denied ___ Official/Administrator _____ Date _____
 Special Conditions _____

BUILDING REVIEW

Sidwell No. _____ Assessed Value of Structure \$ _____
 Application Accepted By _____ Date _____ Permit No. _____
 Occupancy/Use Group _____ Code _____
 Soil Erosion Permit No. _____ Change of Use/New Use ___ Tap in Fee _____
 Building Permit Fee _____ Total Fee Received _____ Receipt No. _____
 Approved ___ Denied ___ Official/Administrator _____ Date _____
 Special Conditions: _____

