



BUILDING PERMIT APPLICATION

201 W. Ash Street • Mason, MI 48854 • Phone: 517-676-9155
 www.mason.mi.us email: info@mason.mi.us

Date	Permit No. (Office Use Only)			
PROJECT LOCATION				
Project Address (Street, City, State, Zip)				
Parcel ID	Subdivision name/Lot No.	Flood Zone/ FIRM Community Panel No.	Zoning District (s)	Historic District? Y or N
PROJECT INFORMATION				
CHECK ALL THAT APPLY: ___ Residential ___ Commercial ___ Certificate of Occupancy ___ New Principal Structure ___ Alteration to Existing Structure ___ Demolition of Existing Structure ___ Roof/Siding ___ Windows/Doors ___ Sign(s) ___ Exterior Changes to Building in Historic District ___ Accessory Structure (Deck, Shed, Garage, Pool, Fence, Retaining Wall) ___ Temporary Structure (Tent/Canopy - Special Event)				
Project Description: (Provide a <u>detailed description</u> of work to be done. Also provide information on how the structure or space within the structure will be used. Attach additional pages if necessary.)				
Size of Structure (sq. ft.)	Valuation of Work	Permit Fee \$		
Construction Type	Use Group	Occupancy Load		
APPLICANT INFORMATION				
Who is the applicant? ___ Property Owner ___ Tenant ___ Contractor ___ Other: _____				
Who is the primary contact? ___ Applicant ___ Other:				
Applicant Name/Address				
Applicant Phone	Email			
Property Owner Name/Address (If different from applicant or property address)				
Property Owner Phone	Email			
Contractor Name/Address			License #	
Contractor Phone	Email			
It is understood that 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.				
Applicant Signature _____				Date _____



BUILDING PERMIT APPLICATION COMMERCIAL CHECKLIST

PLEASE NOTE: PERMIT FEES ARE DUE AT THE TIME OF APPLICATION.

Questions? Call Customer Service at 517-676-9155 or email info@mason.mi.us Monday - Friday, 8 a.m. – 5 p.m.

	<ul style="list-style-type: none"> Applicants should review Section 94-95 of the Mason Code for a complete listing of application requirements. This checklist is meant to serve as a general reference. <u>Additional information may be requested</u> as necessary to determine compliance with building codes and city ordinances. Staff will begin the review process once all required documents and payments are submitted. Estimated review time is 5-14 days.
	PERMIT FEE – See Directory of Charges, page 5 located at www.mason.mi.us , ‘How Do I, Directory of Charges’ or click here .
	COMPLETED BUILDING PERMIT APPLICATION
	OWNER AUTHORIZATION (Submit either the Owner Authorization form or the contract signed by the property owner)
	TWO SETS OF STAMPED/SIGNED DRAWINGS AND SPECIFICATIONS - 24" x 36"; BUILDING OFFICIAL MAY ALLOW 11" X 17"
	ELECTRONIC COPY OF PLANS ON A USB STICK DRIVE
	COMMERCIAL COVER SHEET COMPLETED
	STATEMENT OF SPECIAL INSPECTIONS PER CHAPTER 17, 2015 MBC – Required before a permit will be issued.
	ENERGY CODE COMPLIANCE FORMS: https://www.energycodes.gov/compliance
	PROPERTY BOUNDARY LINE SURVEY showing the location, shape, area, dimensions, north arrow, and legal descriptions of the parcel, location of easements and centerline of roads. <i>Note: Certified boundary surveys are documents prepared and sealed by a professional land surveyor. If you do not have one, you may inquire with the Ingham County Register of Deeds, or submit a FOIA request to have City staff research available records for one that may be on file from a previous permit or action. Otherwise, if one cannot be located sufficient to meet this requirement, we recommend you contact a professional land surveyor to have one prepared. SEE EXAMPLE ‘CERTIFICATE OF SURVEY’.</i>
	COMPLETED SITE PLAN (SEE EXAMPLE) DRAWN TO AN ENGINEER SCALE, INCLUDING THE FOLLOWING: <ul style="list-style-type: none"> o The existing or intended use of the land/structures o The proposed number of sleeping rooms o Location of utility lines, wells, and septic drain fields o Location of easements o Grading plan showing drainage o The yard, open space and parking area dimensions o Street grades, proposed finished grades and contour changes (where changes are proposed) o Location of regulated waterways, floodplains or wetlands o Legal description (as necessary)
	WATER AND SEWER CONNECTION – OBTAIN RIGHT OF WAY PERMIT from City of Mason
	WELL AND SEPTIC PERMIT FROM INGHAM COUNTY (if abandoning)
	SOIL EROSION PERMIT FROM INGHAM COUNTY DRAIN COMMISSIONER
NOTE	AS-BUILT PLANS SHOWING ALL CHANGES AND REVISIONS MAY BE REQUIRED PRIOR TO FINAL INSPECTION; THIS APPLIES TO THE STRUCTURE AND SITE PLAN.
Additional permits may be required:	
	STATE PERMITS – Plumbing, Electrical, Mechanical, DEQ/EGLLE (Wetlands, Asbestos, Etc.)
	RIGHT OF WAY PERMIT from City of Mason (MDOT for M-36, or County for Kipp or Howell roads)
Always call before you dig! Contact MISS DIG at least three (3) business days prior to excavating on your property. Visit www.missdig.org or call 811 or 1-800-482-7171 .	



Property Owner Authorization

This form must be filled out if you are a contractor doing work for a property owner.

I, _____, authorize the below named contractor/agent
(Property owner)

_____ to act on my behalf to secure permits and inspections
(Contractor/Agent name/License #)

for work to be done at _____ in Mason, Michigan.
(Address where work is being done.)

I understand that I remain responsible to ensure that the work described in the building permit shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector.

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Agent's/Contractor's Affidavit and Signature

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent and understand work described in the building permit shall be installed in accordance and complies with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the Inspector and assume the responsibility to arrange for necessary and timely inspections.

Print Name: _____ Date: _____

Signature: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____



Commercial Cover Sheet

This page is required for all commercial building permit applications.

BUILDING CODE		
USE GROUP		
TYPE OF CONSTRUCTION		
SQUARE FOOTAGE		
SPRINKLER?	YES	NO
SPECIAL INSPECTIONS REQUIRED?	YES	NO



Statement of Required Special Inspections

Date: _____ Project Name: _____

Project Address: _____

At Submittal: The registered design profession in responsible charge (RDPIRC), acting as the owner's agent, shall complete this Statement of Special Inspections form to fulfill the requirements of the 2015 Michigan Building Code, Chapter 17. The owner acknowledges the responsibility to hire the special inspectors/inspecting agency.

Owner or Owner's Representative

Registered Design Professional in Responsible Charge

Name: _____ Company Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Email: _____ Email: _____

The Owner and the Registered Design Professional in Responsible Charge acknowledge that at the completion of construction, a final report that documents all of the special inspections required will be submitted to the Building Official. It is our understanding that a Certificate of Occupancy will not be issued until a final report of all required inspections is received, indicating there are no remaining deficiencies.

Name of Owner (print name)

Name of RDPIRC

Signature of Owner

Date

Signature of RDPIRC

Date

LIST OF REQUIRED SPECIAL INSPECTIONS

Section Types of Special Inspection	Applicable	Non- Applicable	Continuous	Periodic
1705.1.1 Special Cases				
1705.2 Steel Construction				
1705.3 Concrete Construction				
1705.4 Masonry Construction				
1705.5 Wood Construction				
1705.6 Soils				
1705.7 Driven deep foundations				
1705.8 Cast-in-place deep foundations				
1705.9 Helical pile foundations				
1705.10 Fabricated items				
1705.11 Special inspections-wind resistance				
1705.14 Sprayed fire-resistant materials				
1705.15 Mastic and intumescent coatings				
1705.16 EIFS				
1705.17 Fire resistant penetrations/joints				
1705.18 Testing for smoke control				
Other:				



Final Report of Required Special Inspections

Date: _____ Project Name: _____

Project Address: _____

The appropriate Agency or Responsible Design Professional in Responsible Charge (RDPIRC) prepared and submitted a list of required inspections per the 2015 Edition of the Michigan Building Code, Section 1704 for this project.

Owner or Owner's Representative

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

As the approved agency or registered design professional in responsible charge for all of the inspections listed above, and to the best of my information and knowledge, the listed inspections and tests for this project have been performed and all discovered discrepancies have been resolved.

Name of Approved Agent or RDPIRC

Firm Name

Signature of Approved Agent or RDPIRC

Date

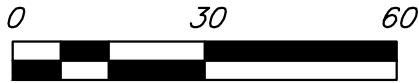
cc: General Contractor

LIST OF COMPLETED SPECIAL INSPECTIONS

Checked below is a list of completed inspections for this project with names of each special inspector/agency:

Section Type of Special Inspection	Special Inspector	Agency
1705.1.1 Special Cases		
1705.2 Steel Construction		
1705.3 Concrete Construction		
1705.4 Masonry Construction		
1705.5 Wood Construction		
1705.6 Soils		
1705.7 Driven deep foundations		
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1705.11 Special inspections-wind resistance		
1705.14 Sprayed fire-resistant materials		
1705.15 Mastic and intumescent coatings		
1705.16 EIFS		
1705.17 Fire resistant penetrations/joints		
1705.18 Testing for smoke control		
Other:		

CERTIFICATE OF SURVEY

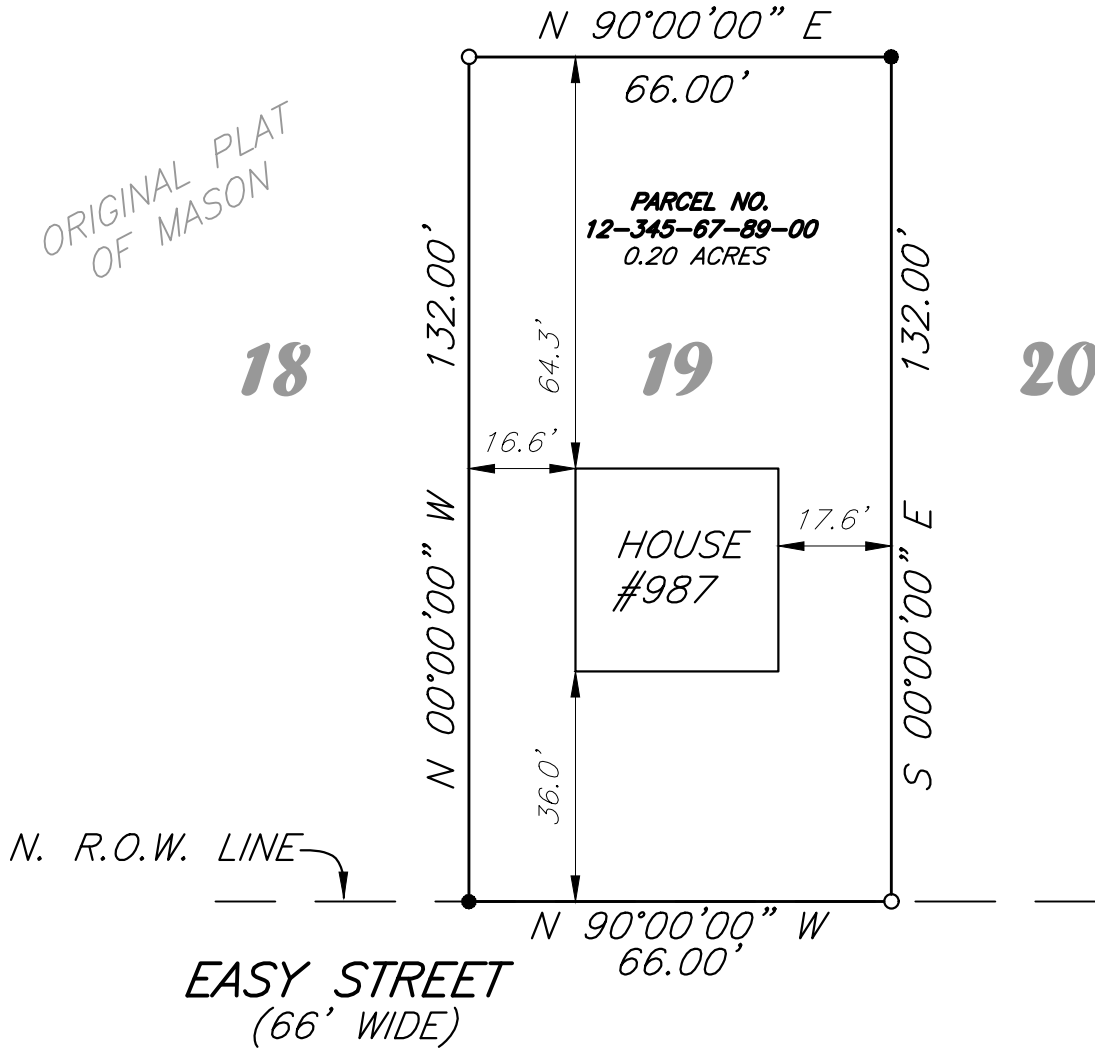


LEGEND

- SECTION CORNER
- SET IRON
- FOUND IRON

BASIS OF BEARING: STATE PLANE
COORDINATES, MI SOUTH ZONE 2113, NAD83

EXAMPLE



LEGAL DESCRIPTION

LOT 19, ORIGINAL PLAT OF MASON, AS RECORDED IN LIBER 1 OF PLATS, PAGE 235, INGHAM COUNTY RECORDS.

CERTIFICATION STATEMENT

I, PROFESSIONAL SURVEYOR #12345, CERTIFY THAT THIS SURVEY WAS MADE UNDER MY DIRECTION, THAT ALL CORNERS HAVE BEEN MARKED AS SHOWN, THAT THE RATIO OF CLOSURE OF THE UNADJUSTED FIELD OBSERVATIONS WAS 1:5000 OR BETTER, AND THAT ALL THE REQUIREMENTS OF PUBLIC ACT 132, AS AMENDED, HAVE BEEN COMPLIED WITH.



Professional Surveyor's Signature

2-28-20
DATE

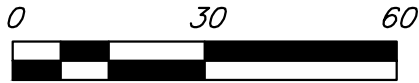


GENERIC
Land Surveyors, Inc.
11234 Five St.
Anytown, Michigan 48854
Ph: 123-456-7890
Fx: 123-456-7891
<http://www.generic.com>

PART OF THE ORIGINAL PLAT OF
MASON, SECTION 8, T2N-R1W,
CITY OF MASON,
INGHAM COUNTY, MICHIGAN

Scale: 1"=30'	Date: 2-28-20	SHT 1 OF 1
Drawn: ABC	Checked: PSS	Job: 2020-45

SITE PLAN

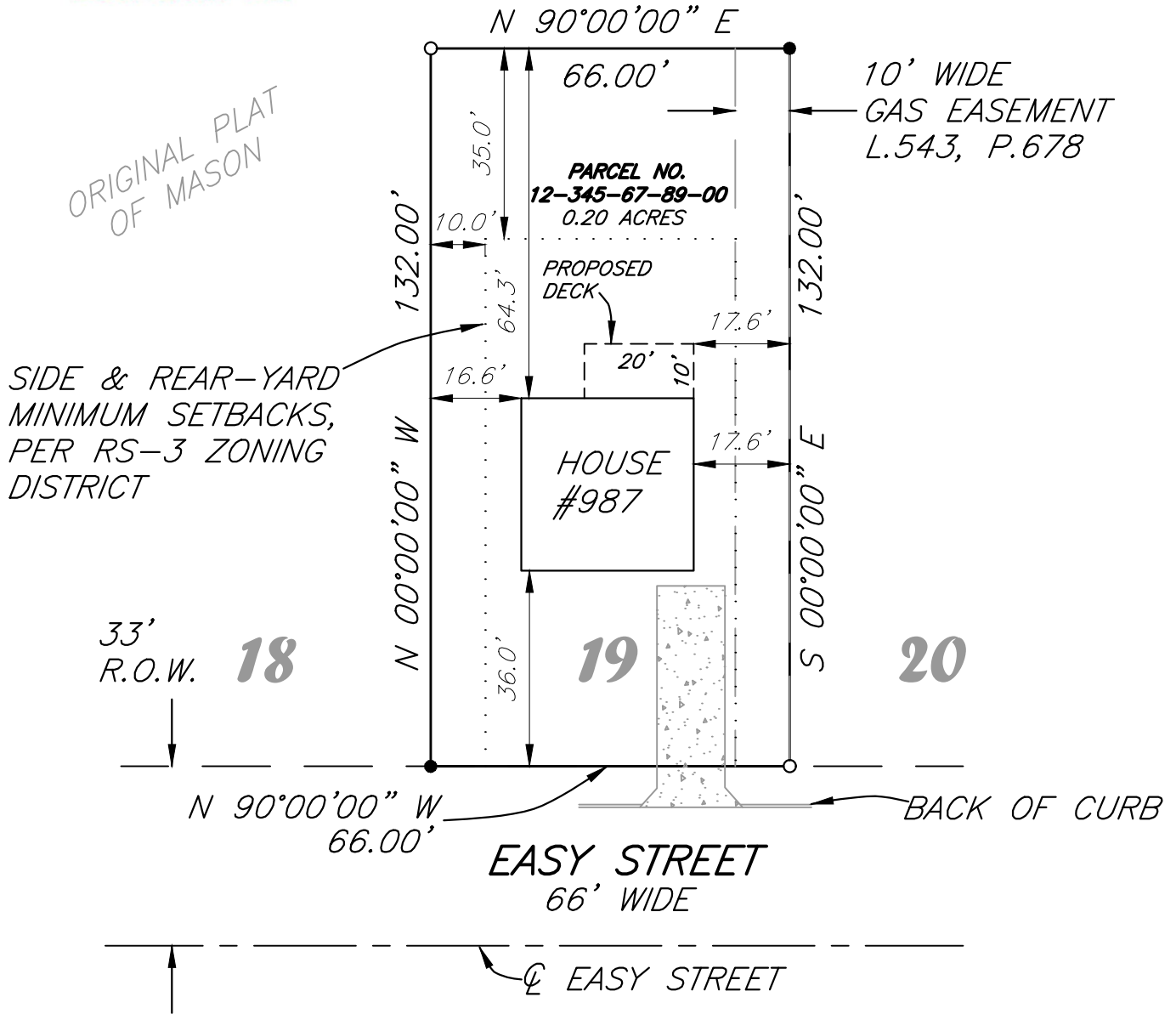


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