

Frederic Township  
Building and Zoning  
P.O. Box 78  
Frederic, Mi 49733-0078  
Phone (989) 348-8778 Ext. 3  
Fax (989) 348-7365  
Shelly Pinkelman Administrator

## **General Building Application**

(Not for Garage, Shed or Pole Barn)

### **THE FOLLOWING DOCUMENTS, PAPERS & PERMITS ARE REQUIRED BEFORE APPLICATION CAN BE PROCESSED:**

1. APPLICATION ACCURATELY COMPLETED EXACTLY HOW THE PROJECT IS TO BE BUILT.
  2. PROOF OF OWNERSHIP, WARRENTY DEED, LAND CONTRACT (REGISTERED) OR CURRENT TAX BILL.
  3. DRIVE-WAY PERMIT FROM THE CRAWFORD COUNTY ROAD COMMISSION.
  4. WELL & SEPTIC PERMIT FROM CRAWFORD COUNTY HEALTH DEPARTMENT.
  5. BLUE PRINTS – REQUIRE 2 SETS FOR THE PROJECT TO BE CONSTRUCTED.
    - A. FOUNDATION PLAN
    - B. TYPICAL WALL SECTION
    - C. FLOOR PLANS
    - D. ELEVATIONS OF FRONT & SIDES WITH WINDOWS
    - E. ALL COMMERICAL WORK REQUIRES A SEALED BLUE PRINT AS DOES A RESIDENCE OVER 3,500 SQ. FT.
    - F. SIZES OF EGREE WINDOWS. MUST BE TO CODE WITH SAFETY GLASS.
  6. SITE PLAN TO SCALE & DIMENSIONS THAT COMPLY WITH THE ZONING FOR THAT DISTRICT. SHOW ALL BUILDINGS ON PROPERTY & OTHER PERTINENT INFORMATION FOR ZONING PERMIT.
  7. SOIL EROSION AND SEDIMENTATION CONTROL PERMIT IF THE BUILDING SITE IS WITHIN 500 FEET FROM A RIVER, WETLANDS, POND OR LAKE.
  8. A MAP IS NEEDED SHOWING HOW TO GET TO YOUR PROPERTY.
  9. MOBILE AND MODULAR HOMES PLEASE PROVIDE A COPY OF THE TITLE TO VERIFY AGE OF MODULAR OR MOBILE HOME.
- **THIS PERMIT EXPIRES IN 180 DAYS FROM THE DATE ISSUED OR FROM THE LAST INSPECTION IF NOT RENEWED.**
  - **CERTIFICATE OF OCCUPANCY IS REQUIRED PRIOR TO MOVING IN ANY PERSONAL ITEMS OR TAKING POSSESSION.**

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AFTER READING ALL STEPS PLEASE SIGN: \_\_\_\_\_

## **Important notice to homeowners, builders and contractors**

The Frederic Township Building Department Inspector, in accordance with the Code of the State of Michigan and the Ordinance of the Township of Frederic, must inspect all building projects in the logical and sequential order in which they are listed below:

1. **Footing Inspection:** After footings are formed & before concrete is poured. Basement requires footing inspection and basement wall inspection which is done after the blocks are laid and before backfilling.
2. **Rough Inspection:** Before walls are enclosed or insulated. Rough inspections by mechanical, plumbing and electrical inspectors must be complete and documented.
3. **Final Inspection:** When construction is complete and before building is occupied. Final inspections by mechanical, plumbing and electrical inspectors must be complete and documented.

**A Certificate of Occupancy** must be issued before building is occupied.

The permit holder has the responsibility to ensure that inspections are made when required and should inform any contractors involved of the inspection requirements.

The Frederic Township Building Inspector will make every effort to inspect your project in a timely manner. However, if it is not possible to inspect upon your immediate request and within your immediate time schedule, it does not mean that you may continue building.

To continue building beyond an inspection level, prior to that inspection, will cause a STOP WORK order to be placed on your building project until that inspection can be properly performed.

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I have been informed of the above state Inspection Policy.

\_\_\_\_\_  
Holder's Signature

\_\_\_\_\_  
Date

## NEW CONSTRUCTION BUILDING & ZONING PERMIT APPLICATION

Property Location (Where project is going to be built)

Property Code: \_\_\_\_\_

Property Address: \_\_\_\_\_

### A. Owner(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### B. **Contractor**

Company Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Local ID # \_\_\_\_\_

C. **Type of Construction:** \_\_\_\_\_

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(House, Garage attached or detached, Pole Barn, Shed, Deck, etc.)

1. Width \_\_\_\_\_
2. Length \_\_\_\_\_
3. Height \_\_\_\_\_
4. # of Stories: \_\_\_\_\_
5. Square Feet: \_\_\_\_\_ 6. Basement or crawl \_\_\_\_\_
7. # of bedrooms: \_\_\_\_\_
8. # of bathrooms: \_\_\_\_\_

Owner or Contractor \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Permit # \_\_\_\_\_ Property Code \_\_\_\_\_ Date \_\_\_\_\_

**1. BUILDING**

- a. Size: \_\_\_\_\_
- b. Perimeter \_\_\_\_\_
- c. Square Footage 1<sup>st</sup> floor \_\_\_\_\_  
2<sup>nd</sup> Floor \_\_\_\_\_

**2. FOUNDATION**

- a. Basement: Size \_\_\_\_\_  
No. Of Blocks High \_\_\_\_\_ b.
- Crawl Space Size \_\_\_\_\_  
No. Of Blocks High \_\_\_\_\_
- C. Footings \_\_\_\_\_
- D. Exposed foundation \_\_\_\_\_
- E. Rerod or Wire \_\_\_\_\_
- F. Center pier footings \_\_\_\_\_
- G. Anchor Bolts or Sraps \_\_\_\_\_
- H. Wall Insulation \_\_\_\_\_
- I. Windows \_\_\_\_\_

**3. FLOOR SUPPORT**

- a. Sill plate \_\_\_\_\_
- b. Unsupported Length \_\_\_\_\_

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- c. Joist \_\_\_\_\_
- d. Center Piers \_\_\_\_\_
- e. Center Support \_\_\_\_\_
- f. Insulation \_\_\_\_\_
- g. Other \_\_\_\_\_

**4. FLOOR**

- a. Basement \_\_\_\_\_
- b. Sub-Floor \_\_\_\_\_
- c. Underlayment \_\_\_\_\_
- d. Finish Floor \_\_\_\_\_

**5. FRAMING**

- a. Blocks \_\_\_\_\_
- b. Studs \_\_\_\_\_
- c. Plates (Single Bottom, Double top) \_\_\_\_\_
- d. Wind Bracing \_\_\_\_\_
- e. Sheathing \_\_\_\_\_
- f. Ceiling Height \_\_\_\_\_
- g. Insulation \_\_\_\_\_
- h. Interior Finish \_\_\_\_\_
- i. Exterior Finish \_\_\_\_\_

**6. ROOF**

- a. Type \_\_\_\_\_
- b. Ceiling: Cathedral \_\_\_\_\_  
Non Cathedral \_\_\_\_\_
- c. Rafters \_\_\_\_\_
- d. Joists \_\_\_\_\_
- e. Insulation \_\_\_\_\_
- f. Ceiling Finish \_\_\_\_\_
- g. Sheathing \_\_\_\_\_
- h. Shingles \_\_\_\_\_

**7. WINDOWS**

- a. Type \_\_\_\_\_
- b. Glass \_\_\_\_\_

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- c. Quantity with Sizes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ d.

Headers (to code)

- e. Bedrooms fire egress: One window each bedroom shall have a sill height not more than 44" above floor, and must have a minimum clear opening of 24" and width of 20".

**8. EXTERIOR DOORS**

- a. No. \_\_\_\_\_  
b. Type \_\_\_\_\_  
c. Size \_\_\_\_\_  
d. Header (to Code)

**9. SAFETY DEVICES**

- a. SMOKE DETECTORS ARE REQUIRED IN ALL THE FOLLOWING LOCATIONS:  
1. IMMEDIATE VICINITY OF BEDROOM  
2. EACH BEDROOM  
3. EACH STORY  
b. ALL DETECTORS MUST HAVE AN AC PRIMARY POWER SOURCE AND BE WIRED IN A SERIES

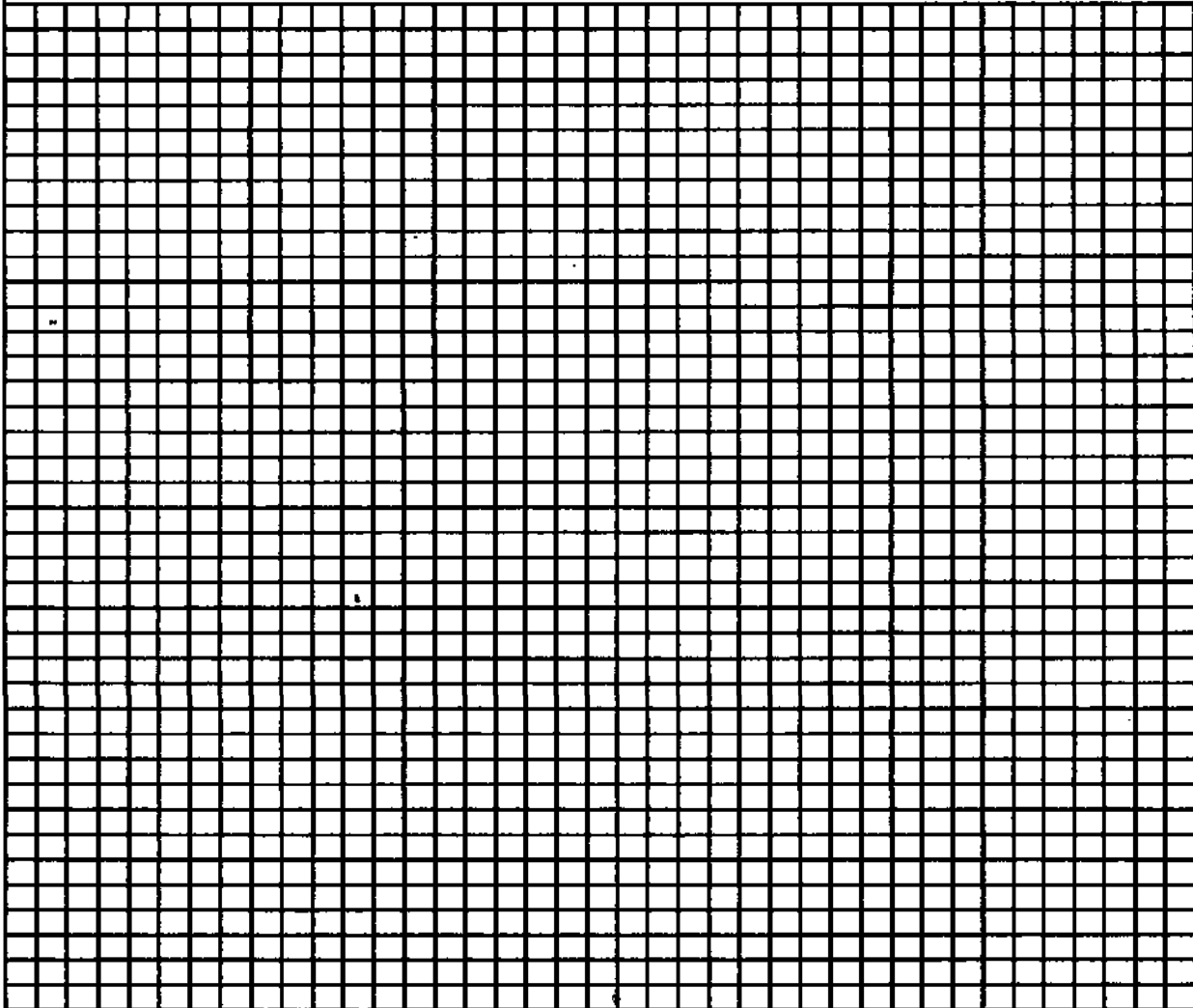
**10. ELECTRICAL, PLUMBING AND MECHANICAL**

Requires state permits and inspections

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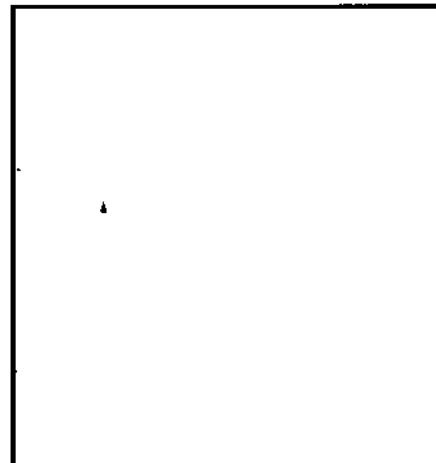
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**IX. SITE OR PLOT PLAN - FOR APPLICANT USE**



The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this agency.

**OFFICE USE ONLY**



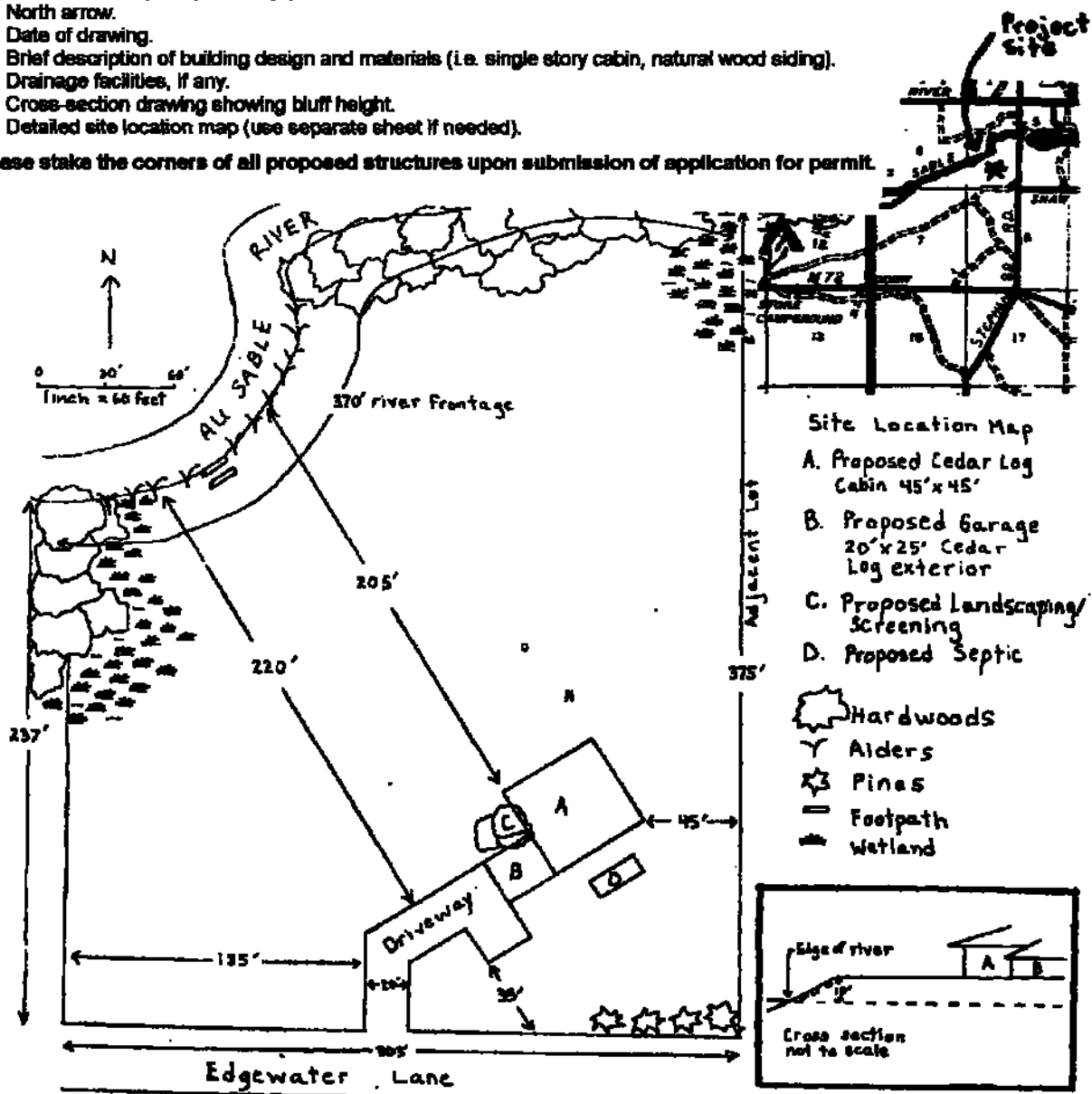
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**SAMPLE SITE PLAN**

A site plan shall be filed with this application giving accurate dimensions and containing the following:

1. Property dimensions.
2. Size, shape, use and location of existing and proposed buildings or improvements including distances to property lines and the river's edge.
3. Existing vegetation, including the location and type.
4. Adjacent streets and highways.
5. Driveways and parking areas.
6. Location and description of sanitary disposal facilities and water well.
7. Landscaping.
8. Location of footpaths, stairways, or docks.
9. North arrow.
10. Date of drawing.
11. Brief description of building design and materials (i.e. single story cabin, natural wood siding).
12. Drainage facilities, if any.
13. Cross-section drawing showing bluff height.
14. Detailed site location map (use separate sheet if needed).

Please stake the corners of all proposed structures upon submission of application for permit.





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Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit will not be issued

**Applicant to Complete All Items in Sections I, II, III, IV, V and VI**  
**Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
<b>C. CONTRACTOR</b>				
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				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
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>B. PLAN REVIEW REQUIRED</b>				
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.				
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.				
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.				
Plan Review Submission No. _____				



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<b>VI. APPLICANT INFORMATION</b>					
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.					
NAME _____				TELEPHONE NO. _____	
ADDRESS _____		CITY _____		STATE _____	ZIP CODE _____
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER _____					
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.					
Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, 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.					
<b>SIGNATURE OF APPLICANT</b>					
BUILDING PERMIT FEE ENCLOSED \$ _____			OR STATE ACCOUNT NUMBER _____		
<b>VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>VII. VALIDATION - FOR DEPARTMENT USE ONLY</b>					
USE GROUP _____		BASE FEE _____			
TYPE OF CONSTRUCTION _____		NUMBER OF INSPECTIONS _____			
SQUARE FEET _____					
APPROVAL SIGNATURE _____					
TITLE _____			DATE _____		