

# RESIDENTIAL APPLICATION CHECKLIST – (Return with Application)

Project address/location of proposed work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- \_\_\_\_\_ 1.       **ZONING APPROVAL DOCUMENTATION**
- \_\_\_\_\_ 2.       **LOT DIAGRAM** on back of first page of application. (Required for **ALL** applications – NEW HOMES, ADDITIONS, GARAGES AND ACCESSORY BUILDINGS AND STRUCTURES)
- \_\_\_\_\_ 3.       **BLUE PRINTS OR DRAWINGS** - Provide (2 Sets) of complete drawings. If over 3500 sq. ft. you will need signed and sealed plans by an Architect or Engineer.
- \_\_\_\_\_ 4.       **MICHIGAN UNIFORM ENERGY CODE COMPLIANCE** – for all projects, documentation must be provided demonstrating compliance with the energy code. (Use MUEC Compliance Worksheet)
- \_\_\_\_\_ 5.       **ROOF LOADING DATA SHEET** – for all projects, documentation must be provided demonstrating compliance. (Alternate for trusses: provide sealed truss plans and layout).
- \_\_\_\_\_ 6.       **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...) **RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-MANUFACTURED.**
- \_\_\_\_\_ 7.       **PROPERTY TAX I.D. NUMBER**
- \_\_\_\_\_ 8.       **SANITATION & WATER SUPPLY PERMITS** (County Health Department and/or Sewer & Water Authority)\*
- \_\_\_\_\_ 9.       **DRIVEWAY/SIDEWALK PERMIT** – County Road Commission, MDOT, City or Village \*
- \_\_\_\_\_ 10.       Is the Structure within 500 feet of water (lake, river, stream, county drain) **OR** is the excavated area equal to or greater than 1 acre?       **YES / NO                    If YES a SOIL EROSION PERMIT IS REQUIRED.**
- \_\_\_\_\_ 11.       Is property located in wetlands, floodplain or critical dune area?       **YES / NO**  
No building permit may be issues if in a flood plain without DEQ\* and/or DNR\* approval.
- \_\_\_\_\_ 12.       **OTHER PERMITS EVENTUALLY NECESSARY:**  
      \_\_\_\_ Electrical    \_\_\_\_ Mechanical    \_\_\_\_ Plumbing    \_\_\_\_ Sign  
Applicant or licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

### RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

**BUILDING DEPARTMENT OFFICE HOURS** are 8:00 am to 12:00 and 1:00pm to 5:00pm, Monday through Friday. **PHONE** at 269-629-0600 or 800-627-2801; by **MAIL** at 200 N Lake St; Cadillac MI 49601; or by **FAX** at 231-775-8755.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Blue prints and drawings must contain sufficient detail to perform a plan review to determine compliance with the State Building Codes. Plans for additions or new homes must include the following:**

- Wall section/cross section drawing showing material dimensions and specifications from the footing to the ridge of the structure.
- A floor plan that provides:
  - Building dimensions
  - Room names and dimensions
  - Window and door locations with header sizes
  - Stairway locations with riser and tread information (interior and exterior)
  - Plumbing fixture locations
  - Smoke detector and carbon monoxide detector locations
  - Attic access/crawl space access locations and sizes
- A foundation plan that illustrates:
  - Footing sizes, locations and reinforcing steel (horizontal and vertical)
  - Wall material, thickness and reinforcing steel (horizontal and vertical)
  - Bearing pad locations, sizes and steel
  - Sump location (if required)
  - Concrete encased grounding system location
  - Basements: Show emergency escape (window well or grade door) location
- Elevations (views) of all four sides of the structure that:
  - Shows views from ridge to bottom of footing, with finish grade lines
  - Provides floor locations (dotted lines)
  - Shows window and door locations
  - Provides sill heights above the floor for all windows
  - Shows any attached decks or porches as they apply

**Plans for interior or exterior alterations to existing structures must show before and after details incorporating the above plan requirements as they apply.**

**SANITATION  
PERMIT (7)**

**(Septic & Well)**

District Health Department #10  
521 Cobb Street  
Cadillac, MI 49601  
Phone: (231) 779-9942

**DRIVEWAY  
PERMIT (8)**

City of Cadillac  
200 N. Lake Street  
Cadillac, MI 49601  
Phone: (231) 775-0181

**SOIL EROSION  
PERMIT (9)**

City of Cadillac  
200 N. Lake Street  
Cadillac, MI 49601  
Phone: (231) 775-0181

**PLEASE CALL THE OFFICE SHOULD YOU REQUIRE FURTHER  
ASSISTANCE IN COMPLETING APPLICATIONS.**

# ACCESSORY BUILDING PERMIT

City of Cadillac  
200 N Lake St.  
Cadillac, MI 49601  
Ph:(231)775-0181 Fax:(231)775-8755  
Questions:(800)627-2801 Insp:ext.201

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
CITY OF CADILLAC

Permit # \_\_\_\_\_  
Accessory/detached structures and demolition

Job Address: \_\_\_\_\_ Property Tax Id No. \_\_\_\_\_

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

Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ ft x \_\_\_\_\_ ft. No. of floors \_\_\_\_\_ Building Height \_\_\_\_\_

Type of Construction \_\_\_\_\_

### PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- |  |   |
|--|---|
| <input type="checkbox"/> Sq. ft. shed                          | <input type="checkbox"/> cement slab & thickened edge |
| <input type="checkbox"/> Sq. ft. pole building                 | <input type="checkbox"/> cement slab (3 1/2" - 4")    |
| <input type="checkbox"/> Sq. ft. pool                          | <input type="checkbox"/> dirt floor                   |
| <input type="checkbox"/> Sq. ft. unattached frame garage       | <input type="checkbox"/> trusses _____" O.C.          |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> rafters _____"O.C.           |
| <input type="checkbox"/> Sq. ft. demolition                    | <input type="checkbox"/> metal roof                   |
| <input type="checkbox"/> Sq. ft. basement                      | <input type="checkbox"/> asphalt shingles             |
| <input type="checkbox"/> Sq. ft. crawl space                   | <input type="checkbox"/> metal exterior               |
| <input type="checkbox"/> Sq. ft. deck                          | <input type="checkbox"/> aluminum/vinyl exterior      |
| <input type="checkbox"/> Sq. ft. porch                         | <input type="checkbox"/> brick exterior               |
| <input type="checkbox"/> Sq. ft. sign                          | <input type="checkbox"/> block exterior               |
| <input type="checkbox"/> Lineal ft. fence                      | <input type="checkbox"/> wood exterior                |
| <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Number of windows _____      |
|  | <input type="checkbox"/> Number of garage doors _____ |

Office Use Only      Zoning District \_\_\_\_\_  
Use Group \_\_\_\_\_ Type of Construction \_\_\_\_\_  
Permit Determinant \_\_\_\_\_

**COST OF PERMIT: \$** \_\_\_\_\_

**By:** \_\_\_\_\_  
**Building Department**

**Make checks payable to City of Cadillac**

Contractor		Ph. # ( )      Fax ( )	
E-mail address		Cell	
Address		City & State	Zip Code
Federal D No/Social Security No.		MESCS Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
If exempt from any of the above, explain here:			

**Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.**

### HOMEOWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above 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. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### AGENT'S/CONTRACTORS 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE INFORMATION ON SECOND PAGE**

**Payment Code: BUILDING PERMIT**

# ACCESSORY BUILDING PERMIT SECOND PAGE

## LOT DIAGRAM

Owner: \_\_\_\_\_ Job Address: \_\_\_\_\_

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

Tax I.D.: \_\_\_\_\_

- |                              |   |  |
|------------------------------|---|--|
| (1) Draw lot lines in feet   | (4) Draw proposed construction                            | (7) Draw lakes, streams, and wet lands within 500 feet |
| (2) Label street             | (5) Show dimensions of all buildings                      | (8) Contractor/owner will stake 2 adjacent lot lines   |
| (3) Draw existing structures | (6) Show distance from all sides of building to sidelines |  |

Signature of Applicant/Agent \_\_\_\_\_

Date \_\_\_\_\_

**Payment Code: BUILDING PERMIT**