

BUILDING PERMIT

COMMERICAL

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

Date: ____/____/____
CITY OF CADILLAC

Permit # _____

Job Location: _____ Property Tax ID #: _____
Zoning District: _____ Permit Determinant: _____
Use Group: _____ Type of Improvement: _____
Type of Construction: _____ Owner: _____ phone: () _____
No. of Floors _____ Bldg Height _____ Address: _____

NONRESIDENTIAL – Describe in detail proposed use of building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

REQUIRED DOCUMENTS

ADDITIONAL PERMITS REQUIRED

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Curb or Sidewalk Cut | <input type="checkbox"/> Erosion Control |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Electrical | <input type="checkbox"/> Storm Sewer Connection |
| <input type="checkbox"/> Variance Approval if Applicable | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Sanitary Sewer Tap |
| <input type="checkbox"/> 3 sets of Sealed Drawings & Specs. | <input type="checkbox"/> Plumbing | |
| <input type="checkbox"/> PA 135 Disclosure | <input type="checkbox"/> Sign or Billboard | |
| <input type="checkbox"/> Plan Review and Permit Fee | <input type="checkbox"/> Demolition | |

PLAN REVIEW \$ _____
COST OF PERMIT \$ _____
TOTAL COST \$ _____

Engineer/Architect: _____ Phone () _____

Address: _____
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

Building Department
Make checks payable to City of Cadillac

NAME _____ PH.: () _____ Fax: () _____ Email: _____
ADDRESS _____ CITY/STATE/ZIP _____
FEDERAL ID # OR SOCIAL SECURITY # _____ MESC# EMPLOYER # _____
LICENSE# _____ WORKERS DISABILITY COMPENSATION CARRIER _____
EXPIRATION DATE ____/____/____ IF EXEMPT FROM ANY OF 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.

AGENT'S AFFIDAVIT

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 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.

Signed: _____ Date: _____

Payment Code: BUILDING PERMIT

COMMERCIAL PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for _____

(job address)

Owner's Name _____

Contractor's Name _____

Before a permit may be issued all of the following documentation (1-6) must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- ___ 1. SITE PLAN APPROVAL (or other zoning approval as required).
- ___ 2. SITE PLAN DRAWINGS (as approved in item #1 - submitted with construction drawings).
- ___ 3. VARIANCE APPROVAL, if applicable.
- ___ 4. **Three (3) SETS OF SIGNED AND SEALED DRAWINGS & SPECIFICATIONS.**
- ___ 5. P.A. 135 Disclosure (Licensing information located on the Commercial Building Permit Application).
- ___ 6. PLAN REVIEW (Will be conducted by this office)

The following may also be required. The applicant is responsible for obtaining the following referenced permits or waivers (Items 7-12). These must be reconciled prior to issuance of a permit.

- ___ 7. CURB OR SIDEWALK CUT
- ___ 8. SIGN OR BILLBOARD PERMIT
- ___ 9. DEMOLITION PERMIT
- ___ 10. SOIL EROSION CONTROL PERMIT (Applies when located within 500 feet of a lake, river or county drain, **OR** excavated area is equal to or greater than 1 acre)
- ___ 11. STORM SEWER CONNECTION
- ___ 12. SANITARY SEWER TAP

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, mechanical, plumbing, 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 must include the following as they apply:

Wall section/cross section drawing showing material dimensions and specifications from the footing to the roof of the structure.
A floor plan that provides:

- Building dimensions
- Room names and dimensions
- Window and door locations with header sizes
- Stairway locations
- Plumbing fixture locations
- Exit sign and lighting locations

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/roof to bottom of footing, with finish grade lines
- Provides floor locations (dotted lines)
- Shows window and door locations

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

OTHER PERMITS THAT MAY BE REQUIRED:

**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.**