

|  |  |
|--|--|
| <p><b>Eaton County</b><br/> <b>Department of Construction Codes</b><br/>         1045 Independence Boulevard, Charlotte, Michigan 48813<br/>         Telephone: (517) 543-3004 Fax: (517) 543-9924<br/> <i>"OUR GOAL IS TO PROVIDE A SAFER PLACE TO LIVE, WORK AND PLAY"</i></p> | <p><b>PLAN REVIEW</b><br/> <b>BUILDING PERMIT APPLICATION</b><br/>         EFFECTIVE DATE May 20, 2019</p> |
|--|--|

**Areas marked with a \* must be completed if they apply to your project**  
IF THIS APPLICATION IS NOT PROPERLY & COMPLETELY FILLED OUT IT WILL DELAY THE ISSUANCE OF THE PERMIT.

|  |  |
|--|--|
| <b>AUTHORITY:</b> P.A. 230 of 1972, as amended.<br><b>COMPLETION:</b> Mandatory to obtain a building permit.<br><b>PENALTY:</b> Permit will not be issued. | EATON COUNTY will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, marital status, disability, or political beliefs. |
|--|--|

**\* A: APPLICANT:**

|   |                                  |   |                                |
|---|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Builder | <input type="checkbox"/> Architect/Engineer | <input type="checkbox"/> Agent |
|---|----------------------------------|---|--------------------------------|

**\* B: PLAN REVIEW** Our department staff can assist you in determining if you need a plan review and which trades apply to your project. An Architect, Engineer or Agent must provide written authorization from the owner to apply for a building permit. The authorization letter must include the agent's name, address and telephone number.

|                                   |                                     |                                     |  |   |
|-----------------------------------|-------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> PLUMBING            | <input type="checkbox"/> FIRE SUPPRESSION |
| CONTACT PERSON:                   |                                     |                                     | TELEPHONE NUMBER: [ ] Preferred              |   |
| ADDRESS:                          |                                     |                                     | EMAIL ADDRESS [ ] Preferred                  |   |
| CITY:                             | STATE:                              | ZIP CODE:                           | CELL NUMBER: [ ] Preferred [ ] text [ ] Call |   |

**\* C: PROJECT INFORMATION / BUILDING LOCATION**

|                                  |                      |   |     |  |
|----------------------------------|----------------------|---|-----|--|
| PROJECT NAME:                    |                      | ADDRESS:  |     |  |
| CITY/VILLAGE TOWNSHIP & SECTION: |                      | PROPERTY CODE NUMBER:   |     |  |
| SIDE OF ROAD:<br>N   E   W   S   | CROSS ROADS: BETWEEN |   | AND |  |
| SUBDIVISION AND LOT NUMBER:      |                      | PARCEL SIZE:<br>FEET, X FEET = <input type="checkbox"/> SQ.FT. <input type="checkbox"/> ACRES |     |  |

**\* D-1: IDENTIFICATION OF OWNER**

|  |        |           |  |  |
|--|--------|-----------|--|--|
| The owner will be the designated contractor and the permit holder for this project. <input type="checkbox"/> YES <input type="checkbox"/> NO |        |           |  |  |
| NAME:  |        |           | TELEPHONE NUMBER: [ ] Preferred:             |  |
| ADDRESS:   |        |           | EMAIL ADDRESS [ ] Preferred                  |  |
| CITY:  | STATE: | ZIP CODE: | CELL NUMBER: [ ] Preferred [ ] text [ ] Call |  |
| DRIVERS LICENSE NUMBER OR OTHER FORM OF IDENTIFICATION:  |        |           | DATE OF BIRTH:                               |  |

**\* D-2: IDENTIFICATION OF BUILDING CONTRACTOR / INSTALLER**

|   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> The contractor will be the building permit holder. |  | <input type="checkbox"/> The contractor will be a sub-contractor only. |  |  |
| CONTRACTORS NAME:   |  | PROFESSIONAL LICENSE NUMBER & EXPIRATION DATE:                         |  |  |
| BUSINESS NAME:  |  | TELEPHONE NUMBER: [ ] Preferred  |  |  |
| ADDRESS:  |  | EMAIL ADDRESS [ ] Preferred  |  |  |
| CITY:   | STATE:                                   | ZIP CODE:  | CELL NUMBER: [ ] Preferred [ ] text [ ] Call |  |
| DRIVERS LICENSE NUMBER OR OTHER FORM OF IDENTIFICATION:                     |  | DATE OF BIRTH:   |  |  |
| F.I.N. OR REASON FOR EXEMPTION:   | M.E.S.C. NUMBER OR REASON FOR EXEMPTION: | WORK COMP. CARRIER OR REASON FOR EXEMPTION:                            |  |  |

**\* D-3: IDENTIFICATION OF ARCHITECT / ENGINEER**

|                 |        |           |  |
|-----------------|--------|-----------|--|
| CONTACT PERSON: |        |           | PROFESSIONAL LICENSE NUMBER & EXPIRATION DATE: |
| BUSINESS NAME:  |        |           | TELEPHONE NUMBER: [ ] Preferred                |
| ADDRESS:        |        |           | EMAIL ADDRESS [ ] Preferred                    |
| CITY:           | STATE: | ZIP CODE: | CELL NUMBER: [ ] Preferred [ ] text [ ] Call   |

**\* E-1: RESIDENTIAL BUILDINGS AND IMPROVEMENTS** For residential purposes only, please check all that apply.

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> NEW BUILDING                                    | <input type="checkbox"/> CRAWL SPACE           | <input type="checkbox"/> ATTACHED GARAGE     | <input type="checkbox"/> ALTERATIONS / RENOVATIONS    | <input type="checkbox"/> BUILDING RELOCATION |
| <input type="checkbox"/> SINGLE FAMILY DWELLING                          | <input type="checkbox"/> PIERS                 | <input type="checkbox"/> DETACHED GARAGE     | <input type="checkbox"/> MOBILE HOME SET-UP (HUD)     | <input type="checkbox"/> OTHER               |
| <input type="checkbox"/> TWO FAMILY DWELLING (DUPLICATE)                 | <input type="checkbox"/> SLAB ON GRADE         | <input type="checkbox"/> POLE TYPE STRUCTURE | <input type="checkbox"/> MANUFACTURED HOME (ICC/BOCA) |  |
| <input type="checkbox"/> BASEMENT (WALK OUT)                             | <input type="checkbox"/> FROST FREE FOUNDATION | <input type="checkbox"/> CAR PORT            | <input type="checkbox"/> DEMOLITION                   |  |
| <input type="checkbox"/> BASEMENT (BG) <input type="checkbox"/> FINISHED | <input type="checkbox"/> ACCESSORY BUILDING    | <input type="checkbox"/> ADDITION            | <input type="checkbox"/> REPAIRS                      |  |
| DESCRIBE:  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

**\* E-2: RESIDENTIAL STRUCTURE SIZES** Please provide the square footages that apply to your project.

|  |            |
|--|------------|
| FIRST FLOOR:   | BASEMENT:  |
| SECOND FLOOR:  | GARAGE:    |
| OTHER FLOOR:   | ADDITIONS: |
| FOR ALTERATIONS [IE. DECKS, ROOFS, WINDOWS, ETC.] PLEASE LIST THE CONTRACT COST. | \$         |

**\* F-1: NON-RESIDENTIAL USE OF THE BUILDING** Please check all that apply.

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> NEW BUILDING  | <input type="checkbox"/> ADDITION                | <input type="checkbox"/> BASEMENT (WALK OUT)                             | <input type="checkbox"/> CRAWL SPACE         |
| <input type="checkbox"/> ALTERATIONS / RENOVATIONS   | <input type="checkbox"/> SLAB ON GRADE           | <input type="checkbox"/> BASEMENT (BG) <input type="checkbox"/> FINISHED | <input type="checkbox"/> POLE TYPE STRUCTURE |
| <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL  | <input type="checkbox"/> LIBRARY                 | <input type="checkbox"/> STORE, MERCANTILE                               | <input type="checkbox"/> ACCESSORY BUILDING  |
| <input type="checkbox"/> THREE OR MORE FAMILY - LIST NUMBER OF UNITS   | <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> INDUSTRIAL                                      | <input type="checkbox"/> AMUSEMENT           |
| <input type="checkbox"/> HOTEL, MOTEL - LIST NUMBER OF UNITS   | <input type="checkbox"/> CHURCH OR RELIGIOUS USE | <input type="checkbox"/> TANKS, TOWERS                                   | <input type="checkbox"/> PUBLIC UTILITY      |
| <input type="checkbox"/> SERVICE STATION, OIL CHANGE   | <input type="checkbox"/> PARKING GARAGE          | <input type="checkbox"/> OTHER   |  |
| Describe in detail the proposed use of the building, such as a Bakery, Machine Shop, Auto Repair Facility, Factory, Office Building, Restaurant, etc. If the use of an existing building is being changed, enter the existing and proposed uses of the building. |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\* F-2: NON-RESIDENTIAL STRUCTURE SIZES** Please provide the square footages that apply to your project.

|                                |            |
|--------------------------------|------------|
| FIRST FLOOR:                   | BASEMENT:  |
| SECOND FLOOR:                  | GARAGE:    |
| OTHER FLOOR:                   | ADDITIONS: |
| PLEASE LIST THE CONTRACT COST. | \$         |

**\* G: SELECTED CHARACTERISTICS OF THE BUILDING** Please check all that apply.

|   |   |                                     |   |  |                                |
|---|---|-------------------------------------|---|--|--------------------------------|
| PRINCIPAL TYPE OF FOUNDATION            | <input type="checkbox"/> CONCRETE             | <input type="checkbox"/> BLOCK      | <input type="checkbox"/> WOOD             | <input type="checkbox"/> OTHER               |                                |
| PRINCIPAL TYPE OF FRAME                 | <input type="checkbox"/> MASONRY LOAD BEARING | <input type="checkbox"/> WOOD FRAME | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> REINFORCED CONCRETE |                                |
| WILL THE BUILDING HAVE FIRE SUPPRESSION | <input type="checkbox"/> YES                  | <input type="checkbox"/> NO         | <input type="checkbox"/> FULL             | <input type="checkbox"/> PARTIAL             | <input type="checkbox"/> OTHER |
| CLASSIFICATION OF THE BUILDING          | USE GROUP:                                    | TYPE OF CONSTRUCTION:               | NUMBER OF STORIES:                        | OCCUPANCY LOAD:                              |                                |

**\* H: MANUFACTURED HOMES APPLICANT INFORMATION**

|  |   |
|--|---|
| <input type="checkbox"/>   | <b>A MANUFACTURED HOME IN A MOBILE HOME PARK:</b> Only a Licensed Manufactured Home Installer may apply for a permit to install a manufactured home in a Mobile Home Park. The Installer will provide tie-downs, skirting, a required landing and steps at each door, guard rails and hand rails as required by the Michigan Building Code. |
| <input type="checkbox"/>   | <b>A MANUFACTURED HOME ON PRIVATE PROPERTY:</b> The following two permits are required for installation of a Manufactured Home on private property.   |
| <input type="checkbox"/>   | The installation of the permanent foundation, stairs, landings, decks, any alterations and/or additions must be completed by a Licensed Residential Builder or the homeowner.   |
| <input type="checkbox"/>   | The installation of the Manufactured Home on the permanent foundation must be completed by a Licensed Manufactured Home Installer.  |
| IF YOU ARE LISTED IN: <input type="checkbox"/> D-1 or <input type="checkbox"/> D-2 on the first page, you may skip the rest of this section and go to Section I. |   |
| NAME: _____ TELEPHONE NUMBER: _____  |   |
| ADDRESS: _____ FAX NUMBER: _____   |   |
| CITY: _____ STATE: _____ ZIP CODE: _____   | CELL NUMBER: _____  |
| DRIVERS LICENSE NUMBER: _____ DATE OF BIRTH: _____   |   |

**\* I: APPLICANTS APPROVAL AND SIGNATURE**

|   |  |
|---|--|
| <input type="checkbox"/>  | As the applicant, I understand that I am responsible for the payment of all fees and charges associated with this application and any fees and charges associated with any building permits issued for this project.   |
| <input type="checkbox"/>  | As the applicant, I agree to comply with all applicable Federal, State, and Local laws, rules and regulations that relate to building construction, zoning and occupancy, that include, but are not limited to, the following: PA288 of 1967, as amended (The Subdivision Control Act), The Barry-Eaton District Health Department Sanitary Code, PA368 of 1978, as amended (Michigan Public Health Code), PA451 of 1994, as amended (Wetlands, Inland Lakes and Streams, Flood and Soil Erosion Act), PA116 of 1975, as amended (Farmland and Open Space Preservation Act), PA259 of 1959, as amended (Tall Structure Act), PA23 of 1950, as amended (Airport Zoning Act), PA53 of 1974, as amended (Miss Dig Law). |
| <input type="checkbox"/>  | All work will be installed in accordance with the Current State Building Codes and all phases of the construction that are required to be inspected, will be inspected and approved by an Eaton County Building Inspector before any further work is started. If any electrical, mechanical or plumbing work is associated with this project, I will make sure all permits are acquired and all inspections completed and approved before I obtain my required building inspections and I continue with my building project. I will co-operate with all Eaton County Inspectors and assume all responsibility to arrange for and obtain all necessary inspections.   |
| <input type="checkbox"/>  | As the contractor and/or owners representative, I certify that the proposed work is authorized by the property owner of record and I have been authorized by the property owner to make this application as his authorized agent. We agree to conform to all applicable Federal, State of Michigan, Eaton County and Local Government Agency rules and regulations that regulate land, buildings and structures and the use and occupancy thereof.   |
| <input type="checkbox"/>  | As the homeowner I certify that the work described in this application is on property I own and live or will live after completion of this project and the work will be completed by myself on my single family dwelling or accessory building/structure. I agree to conform to all applicable Federal, State of Michigan, Eaton County and Local Government Agency rules and regulations that regulate land, buildings and structures and the use and occupancy thereof.  |
| <input type="checkbox"/>  | All information submitted on this application is true and accurate to the best of my knowledge.  |
| <input type="checkbox"/>  | I certify that I have read and understand this application.  |
| <b>"Section 23a of the State Construction Code Act, PA230 of 1972, as amended, being 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 subject to Civil Fines".</b> |  |
| <b>* SIGNATURE:</b>   | <b>DATE:</b>   |

**\* J: ENERGY COMPLIANCE Must be completed for all buildings that are heated and/or cooled**

There are three ways to comply with the NEW ENERGY CODE. Indicate what method will be used to provide documentation of code compliance.

1.  Prescriptive method for Residential Buildings (See information below).
2.  System Analysis method for Residential Buildings (Must provide documentation with building application).
3.  ASHRAE 90.1-2007 for Non-Residential Buildings.

**PRESCRIPTIVE REQUIREMENTS FOR RESIDENTIAL**

| EXTERIOR ENCLOSURE ELEMENTS  | Zone 5A             |
|--|---------------------|
| FENESTRATION: Doors and Windows; The entire window must comply with this rating, NOT just the glass. (Table 402.1.1)   | U = 0.35 (R = 2.85) |
| FENESTRATION: Skylights; The entire window must comply with this rating, NOT just the glass. (Table 402.1.1)   | U = 0.60            |
| ROOF/CEILING ASSEMBLIES: When the roof/ceiling assembly does not allow sufficient space, R-30 may be used with a maximum of 500 square feet. (Table 402.1.1)   | R-38                |
| WALL ASSEMBLIES: R-20 must be installed in the wall cavity or, R-13 must be installed in the wall cavity and an R-5 insulated sheathing must be installed on the outside of the wall. This includes the wall between the house and an attached garage. (Table 402.1.1)   | R-20 / R-13+R-5     |
| MASS WALLS: The R-17 insulation applies when more than 50% of the insulation is installed on the interior side of the wall. (Table 402.1.1)  | R-13 / R-17         |
| FLOORS OVER UN-CONDITIONED SPACE: Floors over unconditioned spaces must be insulated to an R-30 or sufficient to completely fill the joist cavity. (Table 402.1.1)   | R-30                |
| BASEMENT WALLS: R-10 insulation is required if the insulation is continuous. R-13 insulation is required if the insulation is installed in stud cavities. If the basement is un-heated, has no equipment or utilities and the floor above is insulated to R-30, no wall insulation is required (see Section 402.2.7 for additional information). (Table 402.1.1)   | R-10 / R-13         |
| SLAB ON GRADE FLOORS: The insulation must extend downward a minimum of 2 feet. If the insulation is installed on the inside of the foundation wall the top edge of the rigid insulation at the floor may be cut at a 45 degree angle. (Table 402.1.1)  | R-10                |
| CRAWL SPACE WALLS R-15 insulation is required if the insulation is continuous. R-19 insulation is required if the insulation is installed in stud cavities. The insulation must extend 24" below grade or 24" horizontally a minimum of 10" below grade. A 6 mil moisture barrier must be installed over exposed earth floors and extend under the floor insulation. If the crawl space is un-heated, has no equipment or utilities and the floor above is insulated to R-30, no wall insulation is required (see Section 402.2.9 for additional information). (Table 402.1.1) | R-15/R-19           |
| UN-HEATED SUNROOMS: R-24 insulation is required in the roof/ceiling assemblies, R-13 insulation is required in the wall assemblies and the wall between the house and an un-heated sunroom must be R-20 in the wall cavity or R-13 in the wall cavity and R-5 insulated sheathing. (Table 402.1.1)   | R-24 / R-13         |
| H.V.A.C. DUCTWORK: In un-conditioned spaces all supply ducts must be insulated to R-8 and all return, fresh air, and exhaust air ducts must be insulated to R-6. (Table 402.1.1)   | R-8 / R-6           |
| All H.V.A.C. equipment and duct work must be sealed substantially air tight (403.2.2).   |                     |
| Mechanical ventilation openings (intake and exhaust) must have dampers (403.5).  |                     |
| All forced air heating systems must have a programmable thermostat.  |                     |
| All Hot Water Heat piping above 105 degrees or below 55 degrees must be insulated (403.3).   | R-3                 |
| Recessed lighting fixtures must be caulked, gasketed or installed in a sealed box (402.4.5).   |                     |
| 50 percent of all new permanently installed lighting fixtures shall have high-efficacy lamps (404.1).  |                     |
| New wood burning fireplaces shall have gasketed doors and outside combustion air (402.4.3).  |                     |
| A permanent certificate shall be placed on the electrical service panel listing the efficiency of the equipment, the R-values of the insulation, the U-value of the windows and doors and other requirements in the code. See Section 401.3 for more details.  |                     |
| I agree to provide the insulation values and services specified above for the required building components and compliance with Michigan's Energy Code.   |                     |
| SIGNATURE:   | DATE:               |