



## CHECKLIST TO OBTAIN CHIPPEWA COUNTY BUILDING PERMIT

☐ 1. **ADDRESS** Equalization Department Office (906) 635-6304  
319 Court Street Fax (906) 635-6372  
Sault Ste. Marie, MI 49783 [cced@chippewacountymi.gov](mailto:cced@chippewacountymi.gov)

☐ 2. **TOWNSHIPS WITH ZONING**

|                  |                      |                                  |
|------------------|----------------------|----------------------------------|
| • Bay Mills      | Joe Van Dosen        | (906) 437-5437 or (906) 440-1642 |
| • Bruce          | Louis Perez          | (906) 635-3058                   |
| • Dafter         | Robert Brown         | (906) 630-5363                   |
| • DeTour Village | Zoning Administrator | (906) 297-5471                   |
| • Kinross        | Township Office      | (906) 495-5381                   |
| • Pickford       | Kristopher Grove     | (906) 286-2090                   |
| • Raber          | Linda Johnson        | (906) 297-3805 or (906) 322-2873 |
| • Rudyard        | Township Office      | (906) 478-5041                   |
| • Soo            | Jim Callon           | (906) 203-7346                   |
| • Sugar Island   | Mike Kujat           | (906) 632-7199                   |
| • Superior       | Lori Busha           | (734) 748-3854                   |
| • Whitefish      | Bill West            | (847) 477-2963                   |

☐ 3. **WELL & SEPTIC** Chippewa County Health Department (906) 635-3620  
508 Ashmun Street  
Sault Ste. Marie, MI 49783

☐ 4. **STATE of MI DEQ EGLE** Aspyr Burch [BurchA4@michigan.gov](mailto:BurchA4@michigan.gov) (906) 250-5325

☐ 5. **EROSION CONTROL PERMIT\*** Mike McCarthy (906) 635-1278  
Soil & Sediment Control  
Information available online: 2847 Ashmun Street  
[www.clmcd.org](http://www.clmcd.org) Sault Ste. Marie, MI 49783

**\*Required when disturbing more than ONE Acre of Property or Within 500 Feet of Lake, River, or Natural Waterway.**

☐ 6. **DOCKS & DREDGING** Army Corp. of Engineers (906)635-3461  
(If Necessary) Rachel H. Antieau  
[Rachel.H.Antineau@usace.army.mil](mailto:Rachel.H.Antineau@usace.army.mil)

☐ 7. **CULVERTS** Chippewa County Road Commission (906) 635-5295  
3949 S. Mackinac Trail  
Sault Ste. Marie, MI 49783

☐ 8. **FLOOD PLAIN** Linda D. Hansen, PE, PWS. [Hansenl6@michigan.gov](mailto:Hansenl6@michigan.gov) (906) 250-3169  
DEQ Water Resources Division  
427 US Highway 41N  
Baraga, MI 49908

☐ 9. **BUILDING PERMIT** Building Department (906) 635-6362  
**For Chippewa County** Mike Ryckeghem (906) 379-7426  
[building@chippewacountymi.gov](mailto:building@chippewacountymi.gov)

**MAKE CHECKS PAYABLE TO: CHIPPEWA COUNTY**

☐ 10. **STATE OF MI PERMITS State Inspectors**

|                       |                |                |                                                                                                      |
|-----------------------|----------------|----------------|------------------------------------------------------------------------------------------------------|
| Electrical Inspection | Ben Bourque    | (906) 241-3424 | State Permits available online at:<br><a href="http://www.michigan.gov/bcc">www.michigan.gov/bcc</a> |
| Electrical for DeTour | Steve Harrison | (906) 647-9595 |                                                                                                      |
| Plumbing Inspection   | Craig Cole     | (906) 235-8417 |                                                                                                      |
| Mechanical Inspection | Ben Johnson    | (517) 730-8987 |                                                                                                      |



## CHIPPEWA COUNTY BUILDING DEPARTMENT CONSTRUCTION CODE ENFORCING AGENT

319 COURT STREET – SAULT STE. MARIE, MI 49783  
Phone: (906) 635-6362 – [www.chippewacountymi.gov](http://www.chippewacountymi.gov) – Fax: (906) 635-6867

### BUILDING PERMIT APPLICATION

**APPLICATION MUST BE COMPLETE – SEE INSTRUCTIONS FOR DIRECTIONS**

#### I. JOB SITE LOCATION

|         |     |          |              |
|---------|-----|----------|--------------|
| ADDRESS |     |          | PROPERTY ID# |
|         |     |          | 17-          |
| CITY    | ZIP | TOWNSHIP |              |

#### II. IDENTIFICATION

##### A. OWNER

|         |      |     |               |            |
|---------|------|-----|---------------|------------|
| NAME    |      |     | HOME PHONE    | CELL PHONE |
| ADDRESS | CITY | ZIP | EMAIL ADDRESS |            |

##### B. CONTRACTOR (LEAVE BLANK IF NONE)

|                         |      |     |                 |            |
|-------------------------|------|-----|-----------------|------------|
| NAME                    |      |     | BUSINESS PHONE  | CELL PHONE |
| ADDRESS                 | CITY | ZIP | EMAIL ADDRESS   |            |
| BUILDERS LICENSE NUMBER |      |     | EXPIRATION DATE |            |

##### C. ARCHITECT (LEAVE BLANK IF NONE)

|         |      |     |                |            |
|---------|------|-----|----------------|------------|
| NAME    |      |     | BUSINESS PHONE | CELL PHONE |
| ADDRESS | CITY | ZIP | EMAIL ADDRESS  |            |

#### III. TYPE OF IMPROVEMENT

- |                                       |                                             |                                          |                                             |                                |
|---------------------------------------|---------------------------------------------|------------------------------------------|---------------------------------------------|--------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> CHANGE IN USE      | <input type="checkbox"/> REPAIR          | <input type="checkbox"/> REPLACE            | <input type="checkbox"/> TOWER |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> RE-ROOF            | <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> MOBILE HOME        |                                |
| <input type="checkbox"/> ALTERATION   | <input type="checkbox"/> SPECIAL INSPECTION | <input type="checkbox"/> DEMOLITION      | <input type="checkbox"/> DECK/COVERED PORCH |                                |

**ESTIMATED COST OF CONSTRUCTION \$**

#### IV. SIGNATURE OF APPLICANT

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES & CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION. 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 I 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 PA230, 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.

SIGNATURE OF APPLICANT

DATE

Permit Number: \_\_\_\_\_

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

| V. BUILDING USE                                                                                                  |                                                              |                                                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|
| A. RESIDENTIAL                                                                                                   |                                                              |                                                                          |
| <input type="checkbox"/> SINGLE FAMILY - # OF UNITS ____                                                         | <input type="checkbox"/> HUD RESIDENCE                       | <input type="checkbox"/> GARAGE, POLE BUILDING, CARPORT, ACCESSORY BLDG. |
| <input type="checkbox"/> TWO OR MORE FAMILY                                                                      | <input type="checkbox"/> STATE APPROVED MODULAR              | <input type="checkbox"/> TRANSIENT HOTEL, MOTEL- # OF UNITS ____         |
| <input type="checkbox"/> OTHER _____                                                                             | <input type="checkbox"/> ADDITION _____                      |                                                                          |
| B. NON-RESIDENTIAL OR COMMERCIAL USE                                                                             |                                                              |                                                                          |
| <input type="checkbox"/> ASSEMBLY, RESTAURANT, ETC.                                                              | <input type="checkbox"/> HAZARDOUS MATERIALS                 | <input type="checkbox"/> PARKING/SERVICE GARAGE                          |
| <input type="checkbox"/> BUSINESS, OFFICE, ETC.                                                                  | <input type="checkbox"/> HOTEL, MOTEL, ETC.- # ROOMS ____    | <input type="checkbox"/> STORAGE, WAREHOUSE, ETC.                        |
| <input type="checkbox"/> CHURCH, RELIGIOUS, ETC.                                                                 | <input type="checkbox"/> INSTITUTIONAL, HOSPITAL, JAIL, ETC. | <input type="checkbox"/> TOWER, BRIDGE, BARN ETC.                        |
| <input type="checkbox"/> EDUCATIONAL, SCHOOL, ETC.                                                               | <input type="checkbox"/> MERCANTILE, STORE, RETAIL, ETC.     | <input type="checkbox"/> AGRICULTURAL: _____                             |
| <input type="checkbox"/> FACTORY, INDUSTRIAL, ETC.                                                               | <input type="checkbox"/> MULTI-FAMILY - # DWELLINGS: ____    | <input type="checkbox"/> PUBLIC UTILITY                                  |
| <input type="checkbox"/> OTHER: _____                                                                            |                                                              |                                                                          |
| NON-RESIDENTIAL/COMMERICAL USE - USE THE FOLLOWING SPACE PROVIDED TO DESCRIBE IN DETAIL PROPOSED USE OF BUILDING |                                                              |                                                                          |
|                                                                                                                  |                                                              |                                                                          |
|                                                                                                                  |                                                              |                                                                          |

| VI. SELECTED CHARACTERISTICS OF THE BUILDING                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| A. PRINCIPAL TYPE OF FRAME                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
| <input type="checkbox"/> WOOD FRAME                                                                                                                                                                                                      | <input type="checkbox"/> MASONRY                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> CONCRETE                                                                                                    |
| <input type="checkbox"/> STEEL FRAME                                                                                                                                                                                                     | <input type="checkbox"/> OTHER: _____                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| B. PRINCIPAL TYPE OF HEATING FUEL                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
| <input type="checkbox"/> LP GAS                                                                                                                                                                                                          | <input type="checkbox"/> NATURAL GAS                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> FUEL OIL                                                                                                    |
| <input type="checkbox"/> ELECTRICITY                                                                                                                                                                                                     | <input type="checkbox"/> WOOD/COAL                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> OTHER: _____                                                                                                |
| C. TYPE OF SEWAGE DISPOSAL                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
| <input type="checkbox"/> PUBLIC SEWER SYSTEM                                                                                                                                                                                             | <input type="checkbox"/> PRIVATE COMMUNITY SYSTEM                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> PRIVATE SEPTIC SYSTEM                                                                                       |
| D. TYPES OF WATER SUPPLY                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
| <input type="checkbox"/> PUBLIC WATER SUPPLY                                                                                                                                                                                             | <input type="checkbox"/> PRIVATE COMMUNITY SYSTEM                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> PRIVATE OR SHARED WELL                                                                                      |
| E. BUILDING DIMENSIONS AND OTHER SELECTED DATA                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |
| BUILDING WIDTH (FT): _____<br>BUILDING HEIGHT (FT): _____<br>BUILDING LENGTH (FT): _____<br>TOTAL SQUARE FEET: _____<br>NUMBER OF FLOORS: _____<br>NUMBER OF BEDROOMS: _____<br># OF FULL BATHROOMS: _____<br># OF HALF BATHROOMS: _____ | <input type="checkbox"/> SLAB ON GRADE<br><input type="checkbox"/> CRAWL SPACE<br><input type="checkbox"/> PARTIAL BASEMENT<br><input type="checkbox"/> FULL BASEMENT<br><input type="checkbox"/> FINISHED BASEMENT<br><input type="checkbox"/> UNFINISHED BASEMENT<br><input type="checkbox"/> FIREPLACE/CHIMNEY<br><input type="checkbox"/> AIR CONDITIONING | FLOOR AREA:<br>BASEMENT: _____<br>1 <sup>ST</sup> /2 <sup>ND</sup> FLOOR: _____<br>GARAGE: _____<br>LOFT: _____<br>DECK/PORCH: _____ |

**VII. ENVIRONMENTAL CONTROL APPROVALS (LOCAL GOVERNMENT AGENCY TO COMPLETE SEC.)**

|                     | REQUIRED | NOT REQUIRED | APPROVED | DATE OBTAINED | NUMBER | BY: |
|---------------------|----------|--------------|----------|---------------|--------|-----|
| 1- ZONING           |          |              |          |               |        |     |
| 2- ACT 451, PART 91 |          |              |          |               |        |     |
| 3- FLOOD ZONE       |          |              |          |               |        |     |
| 4- HEALTH DEPT.     |          |              |          |               |        |     |

**VALIDATION – OFFICE USE ONLY**

BUILDING PERMIT FEE: \$ \_\_\_\_\_

CERTIFICATE OF OCCUPANCY ISSUED: \_\_\_\_\_

APPROVAL:

\*PLEASE CONTACT BUILDING DEPT. FOR PERMIT FEES – FOLLOWING BUREAU  
OF CONSTRUCTION CODES SQ. FT. CONSTRUCTION COST TABLE. FEES  
SUBJECT TO UPDATED RATES. MINIMUM FEES APPLY

|  |
|--|
|  |
|--|

**NOTICE: ELECTRICAL, PLUMBING AND MECHANICAL PERMITS ARE DONE BY THE STATE OF MICHIGAN.**

CHIPPEWA COUNTY BUILDING DEPARTMENT

BUILDING OFFICIAL: MICHAEL RYCKEGHEM

OFFICE PHONE: (906) 635-6362

CELL PHONE: (906) 379-7426

EMAIL: [BUILDING@CHIPPEWACOUNTYMI.GOV](mailto:BUILDING@CHIPPEWACOUNTYMI.GOV)

319 COURT STREET – SAULT STE. MARIE, MI 49783  
PHONE: (906) 635-6362 – [WWW.CHIPPEWACOUNTYMI.GOV](http://WWW.CHIPPEWACOUNTYMI.GOV) – FAX: (906) 635-6867

## INSTRUCTIONS AND REQUIRED SUBMITTALS WITH YOUR BUILDING PERMIT APPLICATION

**ALL SECTIONS OF THE BUILDING PERMIT APPLICATION APPLICABLE TO YOUR PROJECT MUST BE COMPLETED. FILL OUT APPLICATION FOR ONLY THE CONSTRUCTION BEING COMPLETED WITH THIS PERMIT. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION AND RE-SUBMITTAL.**

### SECTION I. JOB SITE APPLICATION

- All information must be provided, full job site address, township, and property id#.

### SECTION II. IDENTIFICATION

- A. Property owners name, address, phone number and email address.
  - B. Contractor's name, address, phone number and email address. Current builders license number is required. Leave section blank if a contractor is not being used.
  - C. Architects name, address, phone number and email address. Leave section blank if an architect is not being used.
- EMAIL WILL BE THE PRIMARY DELIVERY METHOD OF ALL PERMITS AND CERTIFICATES. IF EMAILED, A HARD COPY WILL NOT BE ISSUED TO THE APPLICANT UNLESS REQUESTED.**

### SECTION III. TYPE OF IMPROVEMENT

- Mark the type of improvement – Remember to include the projects estimated cost figure on the line provided.

### SECTION IV. SIGNATURE OF APPLICANT

- All applications must be signed and dated by the applicant.

### SECTION V. BUILDING USE

- A. Residential – Mark the use of the residential building
  - (One and two- family dwellings with less than 3,500 sq. ft. of calculated floor area and accessory)
  - Submittals – copies of all other applicable permits including: zoning, flood plain zone elevation (if required), drive, septic, well, soil erosion, wetlands, critical dunes, or high-risk erosion permits.
  - One set of plans that include: site plan, foundation plan, floor plans, building and wall sections, building elevations.
  - Dwellings over 3,500 sq. ft of calculated floor area require sealed plans
  - Accessory buildings over 12 feet in wall height or buildings width over 36' & building length of 60' require sealed plans.

#### HUD Residences and State Approved Modular Residences:

- Completed Building Permit Application (*Complete all sections of the application applicable to the project*)
- If the project is an alteration of an existing building – remember to include the Alteration Estimated Cost figure on the line provided in the box labeled: "Type of Improvement"
- Copies of all other applicable permits including: zoning, flood plain zone elevation, drive, septic, well, soil erosion, wetlands, critical dunes, or high-risk erosion permits
- For HUD residences, one set of plans showing the site plan, the foundation, and the method of anchoring the unit to the foundation.
- For state approved Modular residences, the Building Systems Approval Report is to be submitted together with the approved plans.

#### B. Commercial Structures

*(Including one and two-family dwellings with more than 3,500 square feet of calculated floor area)*

- Completed Building Permit Application (*Complete all sections of the application applicable to the project*)
- If the project is an alteration of an existing building – remember to include the Alteration Estimated Cost figure on the line provided in the box labeled: "Type of Improvement"
- Copies of all other applicable permits including zoning, flood plain zone elevation, drive, septic, well, soil erosion, wetlands, critical dunes, or high-risk erosion permits
- Two set of plans and specifications with original signature and seal of an architect or professional engineer registered in the State of Michigan.

### SECTION VI. SELECTED CHARACTERISTICS OF THE BUILDING

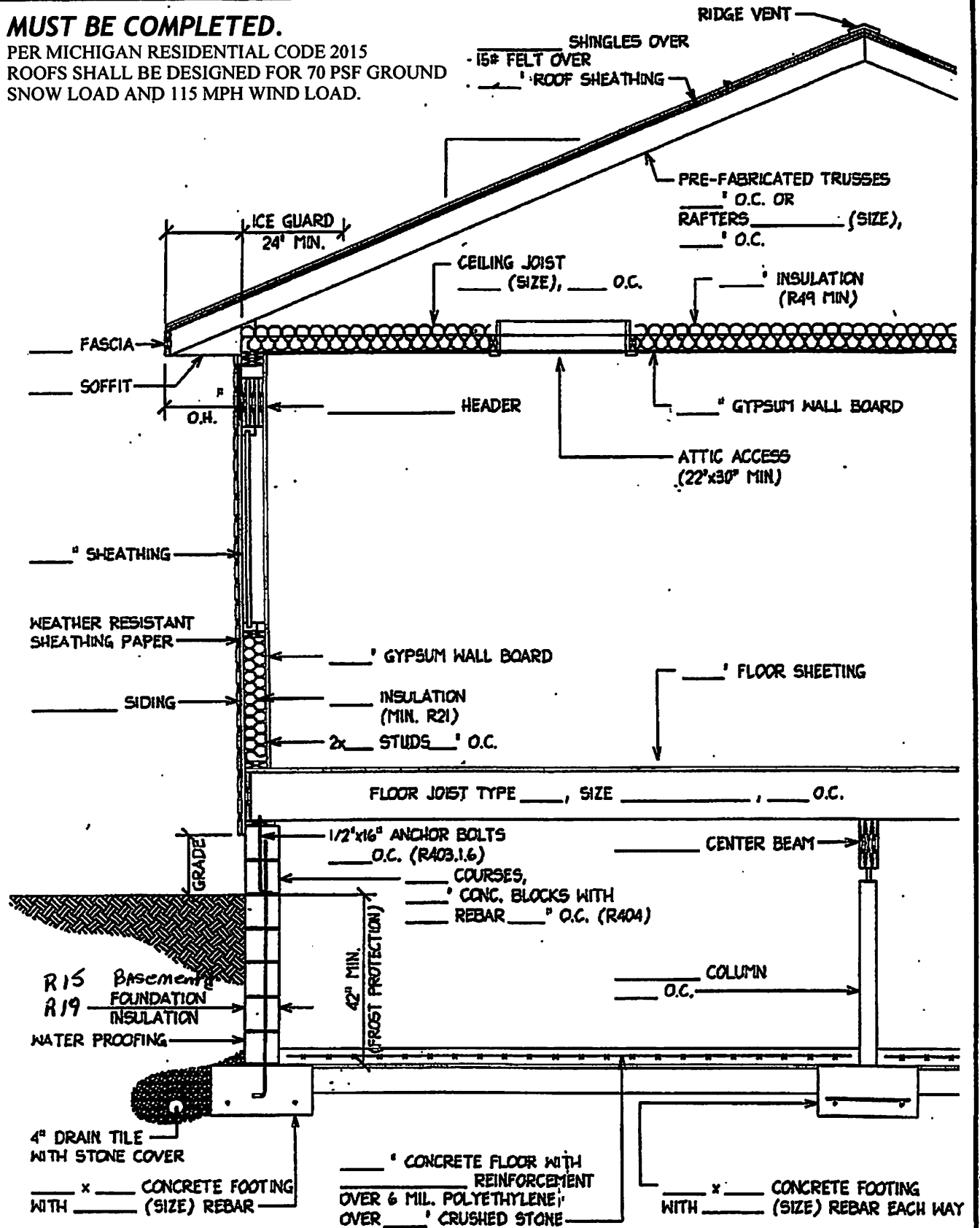
- Complete entire section. Mark all appropriate boxes and fill out all sections. If application is for an addition or alteration, answer the questions for **ONLY** the work being done, do not include existing structure information.

### SECTION VII. ENVIRONMENTAL CONTROL APPROVALS

- Contact and get required approval or permit for all sections of local government. Submit copies of all permits with application.

# **MUST BE COMPLETED.**

PER MICHIGAN RESIDENTIAL CODE 2015  
ROOFS SHALL BE DESIGNED FOR 70 PSF GROUND  
SNOW LOAD AND 115 MPH WIND LOAD.



PROJECT:

CROSS-SECTION

DATE:

SHEET OF

JOB NO: