

CHECKLIST TO OBTAIN CHIPPEWA COUNTY BUILDING PERMIT

1. ADDRESS			dization Departme Court Street	ent	Office Fax	(906) 635-6304 (906) 635-6372	
			Ste. Marie, MI	49783	cced@chip	pewacountymi.gov	
	TOWNSHIPS WITH ZONING						
•	Bay Mills		Joe Van Dosen		(906) 437-:	5437 or (906) 440-1642	
	Bruce		Township Office	ce		(906) 635-3058	
	Dafter		Robert Brown			(906) 630-5363	
	DeTour Village Kinross Pickford		Zoning Administrator Township Office Kristopher Grove			(906) 297-5471	
					(906) 495-5381		
					(906) 286-2090		
	Raber					(906) 297-3805 or (906) 322-2873	
	Rudyard		•	Township Office		(906) 478-5041	
	Soo			Jim Callon		(906) 203-7346	
_	Sugar Island Superior Whitefish		Burt Menard			(906) 635-5105	
_			Lori Busha			(734) 748-3854	
• Wh			Bill West	Bill West		(847) 477-2963	
3. WE	CLL & SEPTIO	C	Chippewa Cou 508 Ashmun S Sault Ste. Mari	treet	-	(906) 635-3620	
4. ST	ATE of MI DE	Q EGLE	Aspyn Burch	BurchA4@	@michigan.g	gov (906) 250-5325	
5. ER	OSION CONT	ROL PER	MIT* Mi	ke McCarthy	V	(906 635-1278	
Info	armation availal	hla anlina:	So	il & Sedimen	nt Control		
	ormation availal	ble online:	So 28-	il & Sedimen 47 Ashmun S	nt Control Street	2	
	ormation availal	ble online:	So 28-	il & Sedimen	nt Control Street	3	
ww	w.clmcd.org		So 28- Sa	il & Sedimen 47 Ashmun S ult Ste. Marie	nt Control Street e, MI 49783		
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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 <u>ONLY</u> 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. SELECTRED CHARATERISTICS 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. ENVIROMENTAL CONTROL APPROVLAS

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



CHIPPEWA COUNTY BUILDING DEPARTMENT CONSTRUCTION CODE ENFORCING AGENT

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

BUILDING PERMIT APPLICATION

APPLICATION MUST BE COMPLETE - SEE INSTRUCTIONS FOR DIRECTIONS

ADDRESS			PROPERTY ID#	
CITY	ZIP	TOWNSHIP	0200	· · · · · · · · · · · · · · · · · · ·
II. IDENTIFICATION				
A. OWNER				
NAME	DARPE AUGUSTA DE LA CARTA DEL CARTA DEL CARTA DE LA CA		HOME PHONE	CELL PHONE
ADDRESS	CITY	ZIP	EMAIL ADDRESS	
B. CONTRACTOR (LEAV	/E BLANK IF NONE)			
NAME			BUSINESS PHONE	CELL PHONE
ADDRESS	CITY	ZIP	EMAIL ADDRESS	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
C. ARCHITECT (LEAVE I	BLANK IF NONE)			
NAME		THE STATE OF THE S	BUSINESS PHONE	CELL PHONE
ADDRESS	CITY	ZIP	EMAIL ADDRESS	
		70220575175025765850		
III. TYPE OF IMPRO\			E DEDI AGE	FITOMER
□ NEW BUILDING □	CHANGE IN USE	☐ REPAIR	☐ REPLACE	☐ TOWER
□ ADDITION □	RE-ROOF	☐ FOUNDATION (ONLY MOBILE HON	ΛE
□ ALTERATION □	SPECIAL INSPECTION	ON DEMOLITION	☐ DECK/COVE	RED PORCH
ESTIMATED COST OF CONST	RUCTION \$			
IV. SIGNATURE OF A				
APPLICANT IS RESPONSIBLE FOR THE PAYMEN. WORK IS AUTHORIZED BY THE OWNER OF REC APPLICABLE LAWS OF THE STATE OF MICHIGAI SECTION 23A OF THE STATE CONSTRUCTION CC RELATING TO PERSONS WHO ARE TO PERFORM	ORD AND THAT I HAVE BEEN AUT N. ALL INFORMATION SUBMITTED DDE ACT OF 1972, 1972 PA230, MO	HORIZED BY THE OWNER TO MAKE TO O ON THIS APPLICATION IS ACCURATED L 125.1523A, PROHIBITS A PERSON F	'HIS APPLICATION AS HIS/HER AUTHORI E TO THE BEST OF MY KNOWLEDGE. ROM CONSPIRING TO CIRCUMVENT THE	ZED AGENT AND I AGREE TO CONFORM TO ALI LICENSING REQUIREMENTS OF THIS STATE

V. BUILDING USE					
A. RESIDENTIAL	P. PENDENOE	ELOADAGE DOL	E DUIL DING CARROOT ACCESSORY DUDG		
☐ SINGLE FAMILY - # OF UNITS _ ☐ HUI	D RESIDENCE	LI GARAGE, POL	E BUILDING, CARPORT, ACCESSORY BLDG.		
50 SACCO SAC	ATE APPROVED MODULAR	☐ TRANSIENT HOTEL, MOTEL- # OF UNITS			
□ OTHER		☐ ADDITION			
B. NON-RESIDENTIAL OR COMMERC	IAL USE				
☐ ASSEMBLY, RESTAURANT, ETC.	☐ HAZARDOUS MATERIA	ALS	☐ PARKING/SERVICE GARAGE		
☐ BUSINESS, OFFICE, ETC.	☐ HOTEL, MOTEL, ETC	# ROOMS	☐ STORAGE, WAREHOUSE, ETC.		
☐ CHURCH, RELIGIOUS, ETC.	☐ INSTITUTIONAL, HOSE	PITAL, JAIL, ETC.	☐ TOWER, BRIDGE, BARN ETC.		
☐ EDUCATIONAL, SCHOOL, ETC.	☐ MERCANTILE, STORE	, RETAIL, ETC.	☐ AGRICULTURAL:		
☐ FACTORY, INDUSTRIAL, ETC.	☐ MULTI-FAMILY - # DWI	ELLINGS:	☐ PUBLIC UTILITY		
□ OTHER:					
NON-RESIDENTIAL/COMMERICAL USE - USE TH	E FOLLOWING SPACE PROVID	ED TO DESCRIBE IN	DETAIL PROPOSED USE OF BUILDING		
			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
VI. SELECTED CHARACTERISTICS OF THE BUILDING					
A. PRINCIPAL TYPE OF FRAME	CS OF THE DOLEDING				
□ WOOD FRAME □ MASONRY	☐ CONCRETE ☐ STE	EEL FRAME	OTHER:		
B. PRINCIPAL TYPE OF HEATING FUEL					
☐ LP GAS ☐ NATURAL GAS	□ FUEL OIL □ ELECTRICITY □ WO		ODD/COAL OTHER:		
C. TYPE OF SEWAGE DISPOSAL					
☐ PUBLIC SEWER SYSTEM	☐ PRIVATE COMMUNITY	' SYSTEM	☐ PRIVATE SEPTIC SYSTEM		
D. TYPES OF WATER SUPPLY					
☐ PUBLIC WATER SUPPLY	☐ PRIVATE COMMUNITY	SYSTEM	☐ PRIVATE OR SHARED WELL		
E. BUILDING DIMENSIONS AND OTHE	ER SELECTED DATA				
BUILDING WIDTH (FT): BUILDING HEIGHT (FT): BUILDING LENGTH (FT): TOTAL SQUARE FEET: NUMBER OF FLOORS: NUMBER OF BEDROOMS: # OF FULL BATHROOMS: # OF HALF BATHROOMS:	□ SLAB ON GRADE □ CRAWL SPACE □ PARTIAL BASEMENT □ FULL BASEMENT □ FINISHED BASEMEN □ UNFINISHED BASEM □ FIREPLACE/CHIMNE □ AIR CONDITIONING	T ENT	FLOOR AREA: BASEMENT: 1ST/2ND FLOOR: GARAGE: LOFT: 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 – FOL OF CONSTRUCTION CODES SQ. FT. CONSTRUCTION COST TA 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

319 COURT STREET - SAULT STE. MARIE, MI 49783 PHONE: (906) 635-6362 - <u>WWW.CHIPPEWACOUNTYMI.GOV</u> - FAX: (906) 635-6867

