



# Building Permit Application

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(Continue to remaining pages and complete before printing this document)

**120****B 2024 B**

This form can be completed by tabbing to each field and typing in the required information.

**Village of Mattawan Building Department**  
24221 Front Ave  
Mattawan, MI 49071  
Phone: 269-228-3234  
mcgrewbuilding@gmail.com

Authority: 1972 PA 230	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

**Project or Facility Information**

PROJECT NAME	ADDRESS
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NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED	CITY	ZIP CODE
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City  Village  Township OF:

COUNTY BETWEEN AND

**Applicant**

NAME	E-MAIL
ADDRESS	CITY STATE ZIP CODE TELEPHONE NUMBER (Include Area Code)

**Owner of the land in fee on which the building or structure will be constructed**

NAME	ADDRESS
CITY	STATE ZIP CODE TELEPHONE NUMBER (Include Area Code)

**Cost and Fees**

ESTIMATED PROJECT COST \$ _____		
Re-Open Expired Permit	\$75.00	
Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00	

CERTIFICATE OF OCCUPANCY (\$50.00 FEE)  YES  NO BUILDING PERMIT FEE ENCLOSED  
(The first \$100.00 of an application is non-refundable) \$ \_\_\_\_\_ OR STATE ACCOUNT NUMBER \_\_\_\_\_

**Validation – For Department Use Only****Validation Area**

USE GROUP _____	
TYPE OF CONSTRUCTION _____	
SQUARE FEET _____	
APPLICATION FEE (non-refundable) \$ _____	
CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	
NUMBER OF INSPECTIONS _____ \$ _____	
TOTAL PERMIT FEE \$ _____	
APPROVAL SIGNATURE _____	

**Residential builder or Residential maintenance and alteration contractor**

NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

**Purpose of Project**

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> OTHER

**Plan Review Required**

2 sets of construction documents and 1 digital copy are required with each application for a permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one- and two-family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

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**Residential - Buildings Regulated by the Michigan Residential Code**

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____

**Buildings Regulated by the Michigan Building Code**

<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETINATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION?  YES  NO      SCOPE OF WORK?**Type of Construction**

<input type="checkbox"/> 1A - Non-Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B - Non-Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A - Non-Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B - Non-Combustible (Non-Rated Structural Elements)	<input type="checkbox"/> 3A - Non-Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B - Non-Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 - Heavy Timber	<input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

**C. Dimensions / Data**

FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

### **Site or Plot Plan - For Applicant Use**

**Local Governmental Agency to Complete This Section**

## ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
C - Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
D - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
E - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				

**General:** Building work shall not be started until the permit has been issued by the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Building Codes. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. **When ready for an inspection, call the inspector providing as much advance notice as possible and provide the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.**

**Expiration of Permit:** A permit remains valid as long as work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

**Where to Submit Application:** Permit applications should be sent to the address or email on the first page of this application. Questions regarding issued permits may be directed to mcgrewbuilding or 269-228-3234.

**Section 23a of the state construction code act of 1972, 1972 PA 230, 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 subjected to civil fines.**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE

DATE