

**APPLICATION FOR BUILDING PERMIT AND PLAN REVIEW  
DELTA COUNTY BUILDING & ZONING**

310 Ludington Street, Escanaba, MI 49829

PHONE: 906-789-5189    www.deltacountymi.org    FAX: 906-789-5188

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

\_\_\_\_\_  
Date Issued

**APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED FEE, SITE PLAN, DRAWINGS THAT SHOW STRUCTURAL DETAILS, CODE REQUIREMENTS (FOUNDATION, PLAN, ELEVATION AND SECTION VIEWS), AND ANY OTHER DOCUMENTS AS REQUIRED (ZONING & SANITARY APPROVAL, S.E.S.C. & DRIVEWAY PERMIT, ENERGY CODE COMPLIANCE ECT.)**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

PROPERTY OWNER	NAME	PHONE
	ADDRESS	
	CITY	STATE

PROJECT LOCATION	FIRE # ROAD
	TOWNSHIP

ARCHITECT / ENGINEER	NAME	PHONE	
	ADDRESS		
	CITY	STATE	ZIP
	LICENSE#	EXP. DATE	

CONTRACTOR	NAME	PHONE	
	ADDRESS		
	CITY	STATE	ZIP
	LICENSE#	EXP. DATE	
	Federal employer ID# /reason for exemption		
	MESC employer # / reason for exemption		
	Workers comp. ins. / reason for exemption		

***Any person doing residential work for a set price, provides materials as well as labor, or works under any terms/conditions other than hourly wages only - MUST BE LICENSED BY THE STATE OF MICHIGAN-***

**ALL WORK MUST BE INSPECTED PRIOR TO COVERING  
FOR TIMELY INSPECTIONS PROVIDE TWO WORKING DAYS NOTICE  
CERTIFICATE OF OCCUPANCY MUST BE ISSUED PRIOR TO OCCUPANCY  
PERMITS WITH NO ACTIVITY FOR 180 DAYS WILL BE EXPIRED**

TYPE OF IMPROVEMENT Circle one or more	NEW BUILDING	MANUFACTURED	DECK/PORCH	UTILITY
	ROOM ADDITION	MOVED STRUCTURE	FOUNDATION	COMMERCIAL (complete next section)
	GARAGE	REPAIR/REMODEL	DEMOLITION	OTHER

COMMERCIAL	USE GROUP CLASSIFICATION	LIST THE SQUARE FEET OF EACH FIRE AREA
	CONSTRUCTION TYPE	
	OCCUPANCY LOAD	
	WILL THERE BE FIRE SUPPRESSION?	

PROJECT DESCRIPTION	
---------------------	--

DIMENSIONS	1ST FLOOR	_____ X _____	SQ.FT _____	ESTIMATED VALUATION OF THE PROJECT \$ _____
	2ND FLOOR	_____ X _____	SQ.FT _____	
	GARAGE	_____ X _____	SQ.FT _____	
	DECK/PORCH	_____ X _____	SQ.FT _____	
	OTHER	_____ X _____	SQ.FT _____	

APPLICANT / OWNER	APPLICANT MUST PROVIDE FEE AND ALL NECESSARY DOCUMENTS		
	NAME	PHONE	
	ADDRESS		
	CITY	STATE	ZIP

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 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.

**"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 subject to civil fines."**

OWNER SIGNATURE (REQUIRED)	DATE
APPLICANT SIGNATURE	DATE

CHECK OR MONEY ORDER  
MADE PAYABLE TO:

**Delta County**

OFFICE USE BELOW

CODE EDITION
NUMBER OF INSPECTIONS
PLAN REVIEW REQUIRED (HRS)
CERTIFICATE OF OCCUPANCY
AFTER THE FACT ADMINISTRATIVE FEE
BUILDING OFFICIAL APPROVAL

APPLICATION /FLAT FEE
SQ.FT FEE
SQ.FT FEE
SQ.FT FEE
PERMIT FEE TOTAL
CHECK#

