

BUILDING PERMIT APPLICATION

Construction Code Group

Blumfield Township * Frankenmuth City * Frankenmuth Township * Tuscola Township

240 W Genesee St, Frankenmuth, MI 48734

Phone: 989-652-9901 Fax: 989-652-3451

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www.constructioncodesgroup.com

Permit Number

Authority: 1972 PA 230. Penalty: No Permit Issued.

Completion: Mandatory to obtain permit.

Applicant to Complete All Items in Sections I, II, III, IV, V, VI, VII & VIII.

Note: Separate Permit Applications Must Be Completed for Electrical, Mechanical and Plumbing Work.

I. Project Information

Name of Project	City/Township (check one): <input type="checkbox"/> Blumfield Twp <input type="checkbox"/> Frankenmuth City <input type="checkbox"/> Frankenmuth Twp <input type="checkbox"/> Tuscola Twp
Street Address/Job Location	City, State, Zip
Between _____ and _____	Date

II. Identification

A. OWNER OR LESSEE

Name		Address	
City	State	Zip	Phone Number
Email		Permit emailed <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. ARCHITECT OR ENGINEER

Name		Address	
City	State	Zip	Phone Number
License Number		Expiration Date	

C. CONTRACTOR

Name		Address	
City	State	Zip	Phone Number
Builder's License Number		Expiration Date	
Email		Permit emailed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Scope of Project:

III. Type of Improvement & Plan Review

A. TYPE OF IMPROVEMENT

<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"/> Premanufacture	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Other

B. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the fee before a permit can be issued, except as listed below. Plans are not required for alterations & repair work determined by the building official to be of a minor nature. Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 & shall bear that architect's or engineer's seal and signature.

Office Use Only

Permit Fee \$ _____ Cash / CC / Check # _____ Date Received _____

Feb. 2025

IV. Proposed Use of Building/Setbacks				
A. RESIDENTIAL				
<input type="checkbox"/> One Family	<input type="checkbox"/> Hotel, Motel - 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 _____		
B. NON-RESIDENTIAL				
<input type="checkbox"/> Amusement	<input type="checkbox"/> Service Station	<input type="checkbox"/> Library, Educational		
<input type="checkbox"/> Church, Religious	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> Store, Mercantile		
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Tanks, Towers		
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Other _____		
Describe in detail the proposed construction and use of the building. If use of building is being changed, also describe.				
C. SETBACKS				
Front	Side (1)	Side (2)	Rear	

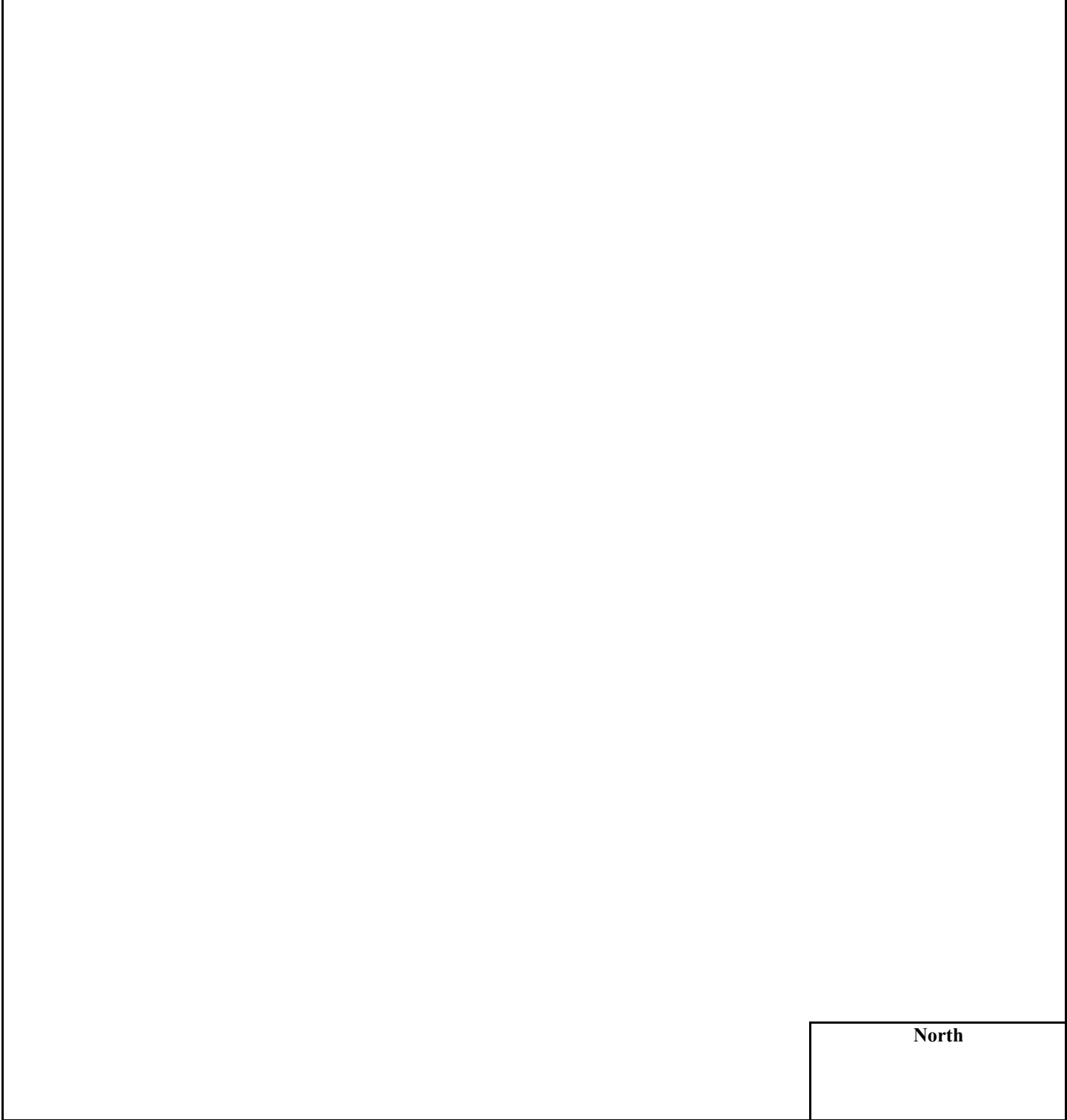
V. Selected Characteristics of Building					
A. PRINCIPAL TYPE OF FRAME					
<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood frame	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Steel	<input type="checkbox"/> Other	
B. PRINCIPAL TYPE OF HEATING FUEL					
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other	
C. TYPE OF SEWAGE DISPOSAL					
<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Septic System				
D. TYPE OF WATER SUPPLY					
<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Private Well or Cistern				
E. TYPE OF MECHANICAL					
Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will there be fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F. DIMENSIONS/DATA					
Number of Stories	_____	Floor Area	Existing	Alterations	New
Use Group	_____	Basement	_____	_____	_____
Construction Type	_____	1st	_____	_____	_____
No. of Occupants	_____	2nd	_____	_____	_____
		3rd/above	_____	_____	_____
G. NUMBER OF OFF-STREET PARKING SPACES					
Outdoors	_____	Enclosed	_____	Other	_____

VI. Applicant Information				
Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.				
Name			Address	
City	State	Zip	Phone Number	

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.	
I, _____ (name) _____ (title), attest that the statements, specifications, & plans submitted with this application are true and complete and contain a correct description of the building or struction, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL125.1510 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 of Applicant	Date

VII. Site Plan or Plot Plan (sketch only).

Check here if additional plans/prints submitted



North

Indicate front, side and rear setbacks. Indicate North arrow in box.

VIII. Calculation of Permit Cost.

The total cost of the improvement provides the basis for the fee schedules. The cost of the improvement will be based on the latest version of the ICC's Building Valuation Data Table and will be calculated for you at the time you submit this application. In addition, the applicant may be required to provide a copy of a signed contract to verify the cost of the project. Pre-manufactured unit fees are based on 50% of the normal on-site construction permit fees.

When submittal documents are required by Section 107 of the MI Building Code (2009 Edition), a plan review fee shall be paid at the time of submitting the said documents for plan review. Said plan review fee shall be fifty percent (50%) of the building permit fee as shown below. The plan review fees specified in this section are separate fees from the permit fees specified in Section 109 of said code and are in addition to the permit fees. When submittal documents are incomplete or changed so as to require additional plan review or when the project involves deferred submittal items as defined in Section 107 of said code, the Building Official has the authority to charge a \$65 per hour fee (or the actual cost plus a 10% administration fee if outside professional assistance is necessary) for plan review submittals which exceed the 1st revision per trade.

Contractor Registration Fee.....\$15.00

The below listed fee schedule can be used for remodels/alterations, subject to approval by the building official

Up to \$1,000.....\$75.00
\$1,001-\$10,000.....\$75.00 base fee plus \$7.00 per \$1,000 of construction
\$10,001-\$50,000.....\$138.00 base fee plus \$6.00 per \$1,000 of construction
\$50,001 and above.....\$378.00 base fee plus \$5.00 per \$1,000 of construction
 Additional inspection(s)/Re-inspections or Administrative Fees are \$75 each (per hour, minimum of one (1) hour)

Building Permit Fee Attached \$ _____ Cost of Construction \$ _____
Make Checks Payable to "City of Frankenmuth"

IX. 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					
B. Saginaw County Road Comm/MDOT	<input type="checkbox"/> Yes <input type="checkbox"/> No					
C. Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No					
D. Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No					
E. Water Supply/Well	<input type="checkbox"/> Yes <input type="checkbox"/> No					
F. Sewer/Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No					
G. Zoning Board of Appeals Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No					
H. Historic Preservation District Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No					
I. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					

X. Validation - For Departmental Use Only

Use Group	Base Fee
Type of Construction	No. of Inspections
Square Feet	Computed Cost
Approved By	Title _____ Date _____