

Mail application and check to the City of New Buffalo

SAFEbuilt, INC.
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
 OFFICE: 269 -729-9244 FAX: 269-729-9254
 EMAIL: athensmi@safebuilt.com
 INSPECTION SCHEDULING: 877-721-9266
 Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

Permit # _____
 Fee _____
 Method of Payment _____
 Receipt # _____

**ALL PERMITS: ADD 5% MUNICIPALITY PROCESSING FEE
 MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF NEW
 BUFFALO**

BUILDING PERMIT & PLANS EXAMINATION APPLICATION

I. Project Information					
JOB Address			Name of Owner		
Name of City, Village or Township in which job is located: (x) City () Village () Township OF: New Buffalo				County	Zip Code
Between _____			And _____		
II. Identification					
A. Owner or Lessee					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
B. Contractor					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
Builders License #		Expiration Date	Federal Employer ID # (or reason for exemption)		
Workers Comp Insurance Carrier (or reason for exemption)			MESCC # (or reason for exemption)		
C. Architect or Engineer					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
License #			Expiration Date		
III. Type of Improvement					
<input type="checkbox"/> New Only	<input type="checkbox"/> Interior Alteration/Remodel	<input type="checkbox"/> Metal Roofing Only	<input type="checkbox"/> Foundation		
<input type="checkbox"/> Addition	<input type="checkbox"/> Exterior Alteration/Remodel	<input type="checkbox"/> Roofing Re-Deck & Shingles	<input type="checkbox"/> Demolition		
<input type="checkbox"/> Siding Only	<input type="checkbox"/> Mobile Home/Pre-manufactured	<input type="checkbox"/> Roofing Shingles Only	<input type="checkbox"/> Special Inspection		
IV. Proposed Use of Building					
A. Residential					
<input type="checkbox"/> One Family Home Ground)	<input type="checkbox"/> Two Family Home	<input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>	<input type="checkbox"/> Pool (Above/Below		
<input type="checkbox"/> More than Two Family Home	<input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u>	<input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u>	<input type="checkbox"/> Other _____		
B. Non-Residential					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Industrial	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> School, Library, Educat.	<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Tanks, Towers	<input type="checkbox"/> Other _____	<input type="checkbox"/> Public Utility	

Mail application and check to the City of New Buffalo

Non-Residential: Describe in detail proposed use of building, E.G., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

V. Selected Characteristics of Building

A. Principal Type of Foundation and Frame

Foundation: Basement Pour/Block (Circle One) Crawl Space Pour/Block (Circle One) Piers Other _____
 Frame: Masonry Wood Structural Steel Reinforced Concrete Other _____

B. Principal Type of Heating Fuel

Gas Oil Electricity Coal Other _____

C. Type of Sewage Disposal

City Sewer Septic System

D. Type of Water Supply

City Water Private Well or Cistern

E. Type of Mechanical

Will there be Air Conditioning? Yes No Commercial Question: Will there be Fire Suppression? Yes No
 Will there be a fire place? Yes No Will it be masonry? Yes No Type of fuel burned in fire place: Wood Gas

F. Dimensions/Data (Include only project dimensions of altered, remodeled or new square footage)

Will any part of the basement be finished? Yes No If so, how much? _____ Square Feet

Number of Stories _____	<u>NEW OR REMODELED OR ALTERED PROJECT INFORMATION</u>			
Height of Project _____		Project Length	Project Width	Square Feet
<u>Circle One</u>	Basement Area	_____	_____	_____
No. of Bedrooms _____ (New/Altered)	1 st Floor Area	_____	_____	_____
No. of Full Baths _____ (New/Altered)	2 nd Floor Area	_____	_____	_____
No. of 1/2 Baths _____ (New/Altered)	3 rd Floor & Above	_____	_____	_____
	Outbuilding/Other _____	_____	_____	_____
	Deck/Porch (Attached/Detached)	_____	_____	_____
	Garage (Attached/Detached)	_____	_____	_____
	Total Sq. Ft.	_____		

G. Number of Off Street Parking Spaces FOR COMMERCIAL USE ONLY

Enclosed _____ Outdoors _____

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 Code	Telephone (including area code)	Federal Employer ID# (or reason for exemption)

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. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.

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 to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

This Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Mail application and check to the City of New Buffalo

VII. Local Government Agency to Complete This Section					
ENVIRONMENTAL CONTROL APPROVALS					
	Required	Approved	Date	Number	By
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				
VIII. Validation-For Department Use Only					
Use Group _____		Review to be Performed _____			
Type of Construction _____		Number of Inspections _____			
Square Feet _____		Bldg Permit Fee _____		Plan Exam Fee _____	
Type of Foundation _____					
Approval Signature:					
Title			Date		

THIS APPLICATION IS FOR BUILDING PROJECTS - BOTH RESIDENTIAL AND COMMERCIAL

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 AS WELL AS THE APPLICATION FEE AND COST OF PLAN REVIEW (IF APPLICABLE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS OR APPLICATIONS.

BUILDING PERMIT FEES ARE CALCULATED BY THE BUILDING INSPECTOR.

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$100.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION

MAKE CHECK PAYABLE TO CITY OF NEW BUFFALO

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.