



Building Permit Application
 Gratiot County Planning and Permits Office
 Department of Building Safety
 214 E. Center St., Ithaca, MI 48847
permits@gratiotmi.com / www.gratiotmi.com
 989-875-5201

OFFICE USE ONLY

1. Project Information				
PROJECT NAME		ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF:		COUNTY	ZIP CODE	
PROPERTY ID#				
BETWEEN		ROAD AND		ROAD
2. Owner or Lessee				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS				
3. Architect or Engineer				
		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
LICENSE NUMBER			EXPIRATION DATE	
4. Contractor				
NAME		ADDRESS		
CITY	STATE	ZIP CODE		
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)				
E-MAIL ADDRESS				
TELEPHONE NUMBER (Include area code)				
CELL PHONE				
5. Dimensions/Data				
NUMBER OF STORIES: _____	FLOOR AREA:	EXISTING	ALTERATIONS	NEW
	BASEMENT	_____	_____	_____
	1st FLOOR	_____	_____	_____
	2nd FLOOR	_____	_____	_____
	OTHER	_____	_____	_____
ESTIMATED PROJECT COST: _____	TOTAL AREA	_____	_____	_____

GIVE A BRIEF DESCRIPTION OF PROJECT:

Blank space for project description.

IS THIS PROJECT DISTURBING MORE THEN ONE ACRE, OR WITHIN 500 FEET OF A LAKE, STREAM, RIVER, OR COUNTY DRAIN?
YES: _____ NO: _____

6. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION. APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL REQUIRED INSPECTIONS THROUGH THIS OFFICE.

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
DRIVERS LICENSE NUMBER		BIRTH DATE	

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 subjected to civil fines.

Signature of Applicant

Validation - For Department Use Only

USE GROUP _____	APPLICATION FEE (non-refundable) _____
SQUARE FEET _____	NIMBER OF INSPECTIONS _____

APPROVAL SIGNATURE

TITLE	DATE
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Site or Plot Plan - For Applicant Use



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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.**

GCPP is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**GRATIOT COUNTY PLANNING & PERMITS
DEPARTMENT**

**214 E Center Street, Ithaca, MI 48847
Phone 989-875-5201 * Fax 989-875-5260
e-mail – permits@gratiotmi.com**

Designated Agent Assignment Form

_____ Date

I authorize _____ to act as my representative in regard to the attached building permit application for the project located at

In doing so, I agree that the proposed structure will not be occupied prior to issuance of the Certificate of Occupancy.

_____ Signature

_____ Phone