



CITY OF WHITEHALL
Inspection Department
2055 Warner St Whitehall, MI 49461
TX: 231-894-4157 Fax: 231-894-6937
Robert Tufts, Building Insp., 231-578-8496

BUILDING PERMIT APPLICATION

Permit
Number _____

JOB SITE LOCATION	NUMBER _____ STREET _____
	Between _____ and _____ CROSS STREET CROSS STREET
	Tax I.D. Number: (_____ - _____ - _____ - _____ - _____)
	Recorded Plat / Condo: _____ LOT/UNIT NO. NAME

OWNER INFORMATION	NAME _____
	MAILING ADDRESS _____
	CITY, STATE & ZIP CODE _____
	TELEPHONE NUMBER _____ FAX NUMBER _____

LICENSED BUILDER INFORMATION	NAME _____	LICENSE NO. _____	EXP. DATE _____
	MAILING ADDRESS _____	TAX I.D. NO. _____	M.E.S.C. NO. _____
	CITY, STATE & ZIP CODE _____	WORKERS' COMP CARRIER _____	
	TELEPHONE NUMBER _____	FAX NUMBER _____	
	I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. All of the information submitted on this application is accurate to the best of my knowledge.		
SIGNATURE _____	DATE _____		

HOME OWNER CERTIFICATION	Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523A of the Michigan Compiled Laws, 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.
	DATE: _____ SIGNATURE: _____

TYPE OF IMPROVEMENT

- New Building
- Addition
- Alteration/Remodel
- Demolition
- Foundation
- Moving
- Other: _____

ESTIMATED COST OF ALTERATION/REMODEL

- Building = \$ _____
- Electrical = \$ _____
- Plumbing = \$ _____
- Mechanical = \$ _____
- Elevator = \$ _____
- Fire Supp. = \$ _____
- TOTAL = \$ _____

PROPOSED USE OF BUILDING

RESIDENTIAL

- Mobile Home, No. Bedrooms: (_____)
- One Family, No. Bedrooms: (_____)
- Two-Family, No. Bedrooms: (_____)
- Multi-Family, No. Units: (_____)
- Hotel/Motel, No. Units: (_____)
- Garage/Accessory
- Deck
- Other: _____

NON-RESIDENTIAL

- Assembly
- Business
- Educational
- Factory
- Institutional
- Mercantile
- Storage
- Utility/Misc.

DESCRIPTION:

Describe the proposed uses of the building. If a use of an existing building is being changed, indicate the current and proposed use(s): _____

DEMOLITION: The contractor shall wet down the structure to be demolished as well as the resulting debris as required to minimize the creation of air-borne dust and debris. Demolition work shall not begin until the contractor has established either by way of a hose connected to the public water hydrant or by the use of a water truck on site, a source for wetting down the structure and resulting debris during the demolition process. The contractor must maintain dust control at all times during demolition.

BUILDING INFORMATION AND DATA

TYPE OF FRAME

- Wood
- Masonry
- Steel
- Concrete
- _____

BASEMENT AREA

- None (Slab)
- Crawl Space
- Partial Basement
- Full Basement

DIMENSIONS

- O/A Width: _____
- O/A Length: _____
- Avg Height: _____
- No. of Stories: (_____)
- Total Finished Area: _____

HEATING FUEL

- Gas
- Oil
- Electricity
- Wood/Coal
- _____

MISCELLANEOUS

- Insulated
- No Insulation
- Masonry Fireplace
- Wood Stove
- Attached Garage
- Air Conditioned

FOUNDATION WALLS

- Masonry (in): _____
- Concrete (in): _____
- Wood: _____ x _____
- Post: _____ x _____
- Pier: _____ x _____



BUILDING PERMIT

CITY OF WHITEHALL

Building Inspection Department

2055 Warner Street

Whitehall, MI 49461

231-894-4157 • FAX 231-894-6937

Building Permit # _____

Address: _____

Issued to: _____

Structure: _____ Fee: \$ _____

Zoning: _____

PERMIT DATE: _____ EXPIRE DATE: _____

This building permit is issued provided that the information submitted by the applicant is true and correct.

All applicable required inspections will be performed by the Building Inspector upon request. Requests for inspections should be made at least 24 hours in advance.

APPROVED BY

DATE