



Township of Richfield

JERRY CAMPBELL, SUPERVISOR
PAMELA SCOTT, CLERK
JUDY SCROGGIN, TREASURER
TULA ALEXANDER, TRUSTEE
PET R RIFU, TRUSTEE

1410 NORTH ST. HELEN ROAD
P.O. BOX 128
ST. HELEN, MICHIGAN 48656
TELEPHONE: (989)
389-4994 OR 389-4995
FAX (989) 389-2013

SITE INSPECTION REQUIREMENTS:

1. Stakes installed indicating the property lines. If the property lines are questionable in order to determine set backs, a survey will be required.
2. Stakes installed indicating the proposed building location. Supplying incorrect or misleading information shall render any land use permit thereafter issued void ab initio and may result in removal of any foundation, structure or excavation work accomplished in reliance there on.

If you are building a new structure, an addition, or making an alteration, please contact the following inspectors for necessary permits. When calling for an inspection, your permit number is required.

BUILDING PERMITS:

Dave Doll
P.O. Box 128
St. Helen, MI 48656
Phone: 989-389-7931
Fax: 989-389-2013

MECHANICAL PERMITS:

Mark Vick
P.O. Box 128
St. Helen, MI 48656
Phone: 989-389-0118

ELECTRICAL PERMITS:

Mark Thompson
P.O. Box 128
St. Helen, MI 48656
Phone: 989-302-0572

PLUMBING PERMITS:

Mark Vick
P.O. Box 128
St. Helen, MI 48656
Phone: 989-389-0118

CONSUMERS ENERGY:

Phone: 1-800-882-6808

SANITATION PERMITS:

Roscommon County Health Department
P.O. Box 139
Prudenville, MI 48651
Phone: 989-366-9166

MISS DIG:

Phone: 1-800-487-7171

DRAIN COMMISSIONER:

(Soil Erosion)
Sheridan Cole
Phone: 989-275-8323
HOURS: 9:00 a.m. -- Noon (every Wednesday)
Required if constructing within 500 feet of a Lake or Stream or if excavating one or more acres of Land

ROSCOMMON COUNTY

ROAD COMMISSION

Mgr., Tim O'Rourke
820 E. West Branch Road
P.O. Box 710
Prudenville, MI 48651
Phone: 989-366-0333
HOURS: (M-F) 9:00 a.m. - 3:00 p.m.

Building Permit Application
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes / Building Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9317
 www.michigan.gov/bcc

B 2006 F

Authority	1972 PA 230
Completion	Mandatory to obtain permit
Penalty	Permit cannot be issued

Applicant to Complete All Items in Sections I, II, III, IV V and VI
Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

PROJECT INFORMATION	
PROJECT NAME	ADDRESS
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED	COUNTY
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:	ZIP CODE
DE-TWELVE	AND

PROPERTY OWNER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Architect/Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER		EXPIRATION DATE	

Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MISC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

Building Classification			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET UP	<input type="checkbox"/> 8. PREMANUFACTURED
			<input type="checkbox"/> 9. RELOCATION
			<input type="checkbox"/> 10. SPECIAL INSPECTION

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for alterations and repair work determined by the building official to be of a minor nature.

Plans and specifications 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 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission No. _____

Proposed Use of Building

Residential

1 ONE FAMILY

2 TWO OR MORE FAMILY
NO. OF UNITS: _____

3 HOTEL, MOTEL
NO. OF UNITS: _____

4 ATTACHED GARAGE

5 DETACHED GARAGE

6 OTHER: _____

Non-Residential

7 AMUSEMENT

8 CHURCH, RELIGION

9 INDUSTRIAL

10 PARKING GARAGE

11 SERVICE STATION

12 HOSPITAL, INSTITUTIONAL

13 OFFICE, BANK, PROFESSIONAL

14 PUBLIC UTILITY

15 SCHOOL, LIBRARY, EDUCATIONAL

16 STORE, MERCANTILE

17 TANKS, TOWERS

18 OTHER: _____

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.

General Characteristics of Building

1 MASONRY, WALL BEARING

2 WOOD FRAME

3 STRUCTURAL STEEL

4 REINFORCED CONCRETE

5 OTHER: _____

Primary Type of Heating Fuel

6 GAS

7 OIL

8 ELECTRICITY

9 COAL

10 OTHER: _____

11 PUBLIC OR PRIVATE COMPANY

12 SEPTIC SYSTEM

13 PUBLIC OR PRIVATE COMPANY

14 PRIVATE WELL OR CISTERN

15 WILL THERE BE AIR CONDITIONING? YES NO

16 WILL THERE BE FIRE SUPPRESSION? YES NO

Other Building Data

17 NUMBER OF STORIES	18 USE GROUP	19 CONSTRUCTION TYPE	20 NO. OF OCCUPANTS	21 FLOOR AREA			
				BASEMENT	EXISTING	ALTERATIONS	NEW
_____	_____	_____	_____	1ST & 2ND FLOOR	_____	_____	_____
_____	_____	_____	_____	3RD - 10TH FLOOR	_____	_____	_____
_____	_____	_____	_____	11TH - ABOVE	_____	_____	_____
_____	_____	_____	_____	TOTAL AREA	_____	_____	_____

Additional Building Data

22 ENCLOSURE: _____

23 OUTDOORS: _____

Application 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 NUMBER (include Area Code) _____

FEDERAL EMPLOYER ID NUMBER (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

(This area is reserved for the applicant to provide a copy of the owner's authorization letter or other supporting documents.)

Signature of Applicant _____

BUILDING PERMIT FEE ENCLOSED
 (The first \$75.00 of an application is non-refundable)

\$ _____

OR STATE ACCOUNT NUMBER _____

Local Government Approval to Complete this Section

ENVIRONMENTAL CONTROL APPROVALS

	APPROVED	NUMBER
A - Zoning		
B - Fire District		
C - Pollution Control		
D - Noise Control		
F - Soil Erosion		
F - Flood Zone		
G - Water Supply		
H - Septic System		
I - Variance Granted		
J - Other		

City/County/Department(s) Only

USE GROUP _____ BASE FEE _____
 TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____
 SQUARE FEET _____
 APPROVAL SIGNATURE _____
 TITLE _____ DATE _____