

City of Ferrysburg
 17290 Roosevelt Road, PO Box 38, Ferrysburg MI 49409
 Phone: (616) 842-5803 Fax: (616) 844-0200

Application for Plan Examination & Commercial/Industrial Building Permit
Separate Applications Must be Completed for Plumbing, Mechanical, or Electrical Work Permits

I. Job Location					
Job Location (if different than above)					Date
Parcel #			Name of City		
II. Owner Or Lessee					
Owner or Business Name				Business Address	
City		State	Zip	Email	
Business Phone		Cell		Fax	
III. Architect or Engineer					
Architect or Business Name				Business Address	
City		State	Zip	Email	
Phone		Cell		Fax	
State Contractor's License #				Expiration Date	
IV. Contractor Information					
Contractor or Business Name				Business Address	
City		State	Zip	Email	
Phone		Cell		Fax	
V. Plan Review Required					
Detailed construction documents are required with each application for a permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. Plans attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
V. Certification					
I hereby certify that I am the owner of record of the named property, or 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 authorized agent and agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.					
Signature of Applicant				Date	
Print Name/Title					

Complete Application on Back

VI. Project Description					
A. Class of Work					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____					
B. Type of Improvement					
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use					
C. Proposed Use (Check all that apply)					
Assembly	Educational	Factory	Institutional	Residential	Other
<input type="checkbox"/> Theatre	<input type="checkbox"/> Grades 1 - 12	<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> Group Home	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Parking Garage
<input type="checkbox"/> Night Club	<input type="checkbox"/> Day Care Facility	<input type="checkbox"/> Low Hazard	<input type="checkbox"/> Hospital	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Carport
<input type="checkbox"/> Restaurant		<input type="checkbox"/> High Hazard	<input type="checkbox"/> Jail		<input type="checkbox"/> Motor Fuel Service
<input type="checkbox"/> Church	Storage		<input type="checkbox"/> Merchantile		<input type="checkbox"/> Repair Garage
<input type="checkbox"/> Other Assembly	<input type="checkbox"/> Moderate Hazard				<input type="checkbox"/> Public Utility
<input type="checkbox"/> Business	<input type="checkbox"/> Low Hazard				<input type="checkbox"/> HPM
D. Description of Work					
E. Structural Frame					
<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____					
F. Exterior Walls					
<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____					
Are any structural assemblies fabricated off site? <input type="checkbox"/> YES <input type="checkbox"/> NO					
G. Dimensional Data					
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq.Ft.)	
Front Setback (Feet)		Bedrooms (Number)		Building Area (Sq.Ft.)	
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq.Ft.)	
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq.Ft.)	
Right Setback (Feet)		Garages (Number)		Basement Area (Sq.Ft.)	
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq.Ft.)	
New Residential Units (Number)		Fireplaces (Number)		Office Area (Sq.Ft.)	
Existing Residential Units (Number)		Enclosed Parking (Number)		Service Area (Sq.Ft.)	
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing Area (Sq.Ft.)	
H. Value of Construction Project					
Total value of project minus the price of lot: \$					

VII. Notice to Applicant

GENERAL: Work shall not be undertaken until a Commercial/Industrial Building Permit is issued. All installations shall be in conformance with the Building Code. **No work shall be concealed until it has been inspected and approved. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of the construction.**

EXPIRATION OF PERMIT: 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 six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within 180 days of the date of issuance or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.

SCHEDULING INSPECTIONS: Applicant is responsible for arranging all required inspection until the permit is finalized. Call at least 24 hours in advance to schedule an inspection and include job location and permit number.

Building Data (to be completed by local governing agency)

Use of Building:	Permit Fee:
Change of Use to:	Type of Construction:
Maximum Occupancy Load:	Use Group:
Number of Dwelling Units:	Fire Sprinklers Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Size of Building (Total Sq. Ft.):	Off-street Parking Spaces Required: Provided:
Plan Reviewed By:	Approved for Issuance By:
Date Reviewed:	Date Approved:

IX. Local Government Agency To Complete This Section						
	REQUIRED?		APPROVED	DATE	NUMBER	BY
A. Survey	YES	NO				
B. Site Plan (Showing Proposed Setbacks)	YES	NO				
C. Proof Of Ownership	YES	NO				
D. Water Supply (Public / Private) Circle One	YES	NO				
E. Septic Or Sewer (Public / Private) Circle One	YES	NO				
F. DEQ Permit	YES	NO				
G. Erosion Control Permit	YES	NO				
H. Driveway Permit	YES	NO				
I. Driveway Permit	YES	NO				
J. 50% High Efficiency Lighting (i.e. COM check)	YES	NO				
K. Energy Code Worksheet	YES	NO				
L. 5 Sets Of Construction Documents	YES	NO				
M. HVAC Load Calculations	YES	NO				
N. Other	YES	NO				

Use Group	Base Fee
Type of Construction	Number of Inspections
Square Feet	
Approval Signature	
Title	Date

Zoning District Information	
Zoning Approval Signature	
Title	Date

Building Valuation Worksheet (ICC 2/2013)

Use Group: _____	Type of Construction: _____		
Area	Sq Ft	\$/Sq Ft	\$/Area
All Finished Spaces			
Shell of Building Only (deduct 20%)			
Finishing of Shell Building		\$40.00	
Unfinished Basement		\$15.00	
Finishing of Unfinished Basement		\$40.00	
Uncovered Porches and Decks		\$10.00	
Covered Porches and Decks		\$20.00	
Accessory Buildings No Concrete		\$12.00	
Accessory Buildings with Concrete		\$20.00	
Total Value			\$

APPLICATION FOR SPECIAL INSPECTION / INSPECTOR

This form must be completed by the BUILDING PERMIT APPLICANT.

This statement must be completed and approved before the building permit can be issued.

I. Location of Building			
Address:			
City:		State:	
		Zip:	
II. Applicant Information			
Applicant Name:			
Address:		City:	
		State:	
Phone:		Cell:	
		Fax:	
III. Materials and Work Subject to Special Inspection (check all that apply)			
	A. Steel Fabrication	Is fabricator ASIC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Steel Erection (bolts, nuts, washers, material, welding, cutting, etc.)		
	C. Masonry Construction Operations (material: proportioning, mixing, consistency and application of mortar and grout; condition, size, location and spacing of reinforcement; cold and/or hot protection: etc.)		
	D. Concrete (material; condition, size, location and spacing of reinforcement; placement techniques; cold and/or hot protection, etc.)		
	E. Precast Concrete (must have a quality control program administered by an approved agency)		
	F. Precast Concrete Erection (compliance with erection drawings; cutting; etc.)		
	G. Wood Fabrication (trusses, lam beam, micro lams, I-joists, etc.)		
	H. Other: _____		
<p>Report Requirements: Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official, and the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and the registered design professional of record.</p>			
<p>Unless otherwise specified by the Code Official:</p> <p>*Special inspection reports shall be delivered to the code official before covering or concealing structural elements.</p> <p>*A final report of inspections documenting completion of all required special inspections and corrections of any discrepancies noted in the inspections shall be submitted prior to the issuance of a Certificate of Occupancy.</p>			
IV. Special Inspection Information			
A. STEEL FABRICATION			
Company Name:			
Address: (Street, City, State, Zip)			
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

B. STEEL ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

C. MASONRY CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

D. CONCRETE CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

E. PRECAST CONCRETE

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

F. PRECAST CONCRETE ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

Empty table rows for inspector details.

G. WOOD FABRICATION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

Empty table rows for inspector details.

H. OTHER (PREPARED FILL)

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

Empty table rows for inspector details.

V. CONFLICT OF INTEREST

Each special inspector must complete and sign the following conflict of interest form. (Make additional copies if needed.)

Name of Special Inspector or Firm:

Are you or your spouse employed or in any way affiliated with the contractor or fabricator? Yes No

If yes, please explain your affiliation:

Empty table rows for affiliation explanation.

Is the contractor or fabricator related to you by blood or marriage? Yes No

Do you or your spouse own stock in the contractor's or fabricator's company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse have any financial affiliation with the contractors or fabricators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements herein are sufficient grounds for rejection of the application. I understand that my statements herein are a material consideration in case of appointment.		
Signature of Inspector:	Date:	