


GRANT TOWNSHIP  SHERIDAN TOWNSHIP
CLARE COUNTY
RESIDENTIAL BUILDING CODE APPLICATION
P.O. BOX 208 CLARE MI 48617
PH: 989-339-4274 Fax: 989-386-4484

Date: _____
Permit No: _____
Payment Method: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK
Check No. _____

Street Address of **Job**: _____
 Owner's Name: _____ Address: _____
 NEW REMODEL Date of Application: _____ Property Tax ID: _____
 RESIDENTIAL Agriculture (NO FEE) Are you the homeowner pulling the permit? YES or NO **(CIRCLE ONE)**

CONTRACTOR INFORMATION

Contractor: _____
 Address: _____ City: _____ State: _____ Zipcode: _____
 Phone No: _____ Fax No: _____ State License No: _____

HOMEOWNER AFFIDAVIT

I hereby certify the building work described on this permit application shall be installed by myself OR AGENT in my own home which I am living or about to occupy. All work shall be installed in accordance with the State **MI NRC 2015** Building code and **SHALL NOT** be enclosed, covered up, or put into operation until it had been inspected and approved by the local Building Inspector. I **WILL** cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

I agree fully to comply with the MI NRC 2015 Building Codes for the State of Michigan.

 Signature of Contractor of Authorized Representative Phone Number

Foundation type: Wood Block Pour Concrete **(CIRCLE ONE)**

Number of buildings/Garages: _____ Number of Stories: _____ Number of Porches/Decks: _____

Building #1 dimensions: _____ Porch/Deck #1 dimensions: _____
 Building #2 dimensions: _____ Porch/Deck #2 dimensions: _____

REMARKS: _____
 CROSS ROADS: House located BETWEEN: _____ & _____

CHECK LIST BEFORE INSPECTIONS/ PERMIT BEING ISSUED:

1. Set Back Requirements are met. (10' side; 20' easement)
2. Soil Erosion permit if building is within 100' of water source; (pond, lake)- **(989)539-6401**
3. Well and Septic permits must be obtained- MI Health Department **(989)539-6731**
4. Blue print/ Hand drawing outline with as much detail as possible for NEW BUILD *(please provide on back of form)*
5. **SAW LUMBER MUST BE:** Graded lumber or lumber approved by Building Official **PRIOR TO INSTALLATION**

CHECK LIST BEFORE OCCUPANCY:

1. Blower Door test has been completed and PASSED
2. Smoke detectors and fire extinguishers are installed in proper rooms
3. If applies: Electrical, Mechanical and Plumbing Finals have been completed

MAKE CHECKS PAYABLE TO "Township of Grant" OR "Township of Sheridan" TOTAL FEES \$ _____

Instructions for completing application: **General:** Building work shall not be started until the application for permit has been filed with the township. All installations shall be in conformance with the State **MI NRC 2015** Building Code. No work shall be concealed until it has been inspected. Call the Building Office at 989-339-4247 to schedule an inspection providing 48 hours' notice on business days. You will need to provide the job location and permit number. **Expiration of permits:** A permit remains valid if work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months 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 CANCELED WHEN NOT

INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.
TOTAL PERMIT FESS MAY BE DOUBLED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

