BUILDING PERMIT

City of Algonac

805 St. Clair River Drive, P.O. Box 454 Algonac, MI. 48001

City Office: (810) 794-9361 EXT 213 algbuild@cityofalgonac.org

1. JOB LOCATION									
Street Address				Sub, Lot#, Building			Date of Application		
Applicants Legible Email Address * REQUIRED *				*ALL COF			RESPONDENCES WILL BE EMAILED*		
Owner's Name						Driver's Lic	ense #		
Owner's Address						•	State	Zip Code	
Contact Person							Telephone	Number	
2. DESCRIPTION OF W	ORK: Circle	e or fill in k	olanks for EV	ERYTHING	that applies	to your pro	oject. *REQ	UIRED*	
TYPE:		JILDING	ADDITION	ALTERATION	REPAIR	FIRE-REPA		E HOME	
AWNING TEN	T DECK	GARAGE	ROOFING	DEMOLITI	ION SQ FT:		OTHER:		
POOL / SPA/ HOT TUB: ABOVE OR INGROUND			NCRETE: MENT OR NEW		S		SHED BASEM PROX % FINIS		
Gunite* Concrete* Fiberglass* Plastic*	Stairs*	Front porch* Shed pad*	Rear porch* Garage Floor*	Side Porch*	BATH: # Bed	Sink* Toi rooms:		Shower* tchen* Fire	Jacuzzi* eplace*
RESIDENTIAL:	SINGLE FAI No. of stor			OR MORE F.	AMILY		HOTEL/ No. of ur	MOTEL	
NON-RESIDENTIAL:		THEATE	R/ SOCIAL HALL PUBLIC UTILI			AST STATION	OFFICE	CHURCH	
ESTIMATED VALUE OF	CONSTRUC	CTION: *RE	EQUIRED*		DESCRIPTIO	ON OF WOF	RK: *REQUIF	RED*	
3. CONTRACTOR INFO	RMATION (LICENSES	& PROOF OF	INSURANC	E REQUIRED	O AT TIME C	F SUBMITT	AL)	
Contractor Name						Driver's Lic	ense		
Contractor Address				City				State	Zip Code
Telephone Number Date of Birth			irth	Federal Employer ID Number (or reason for exemption)					1
Worker's Compensatic	on Insurance	e (or reaso	n for exempt	tion)	MESC Emp	loyer Numb	er (or reaso	n for exem	ption)
Contractor License Type				License Number			Expiration		
BY SIGNING THIS APPLICATION MAKE THIS APPLICATION AS TH APPLICATION IS ACCURATE TO	IE AUTHORIZED	AGENT. WE A	GREE TO CONFOR						
Section 23a of the state constru from person from conspiring to structure. Violators of Section 2	circumvent the	licensing requ			-			-	-
SIGNATURE OF APPLIC	CANT (Home	eowner m	ust also sign	affidavit - Ite	em #4)				
4. HOMEOWNER AFFI	DAVIT								
I hereby certify the work descri installed in accordance with the cooperate with the Building Ins	e building code a	and shall not b	e covered up or p	out into operation	n until it has bee		-		
Signature of Homeow	-	me me respor		E TOT TIECESSALY II	13pections.		Date		
Isignatare of nonicow							Build		

5. BUILDING PERMIT AND PLAN REVIEW FEES	Г. <u> </u>	Total			
APPLICATION FEE (NON REFUNDABLE)	\$75.00	\$75.00			
LICENSE REGISTRATION (IF APPLICABLE)	\$20.00				
PLAN REVIEW FEES (NON REFUNDABLE)					
Single Family Residential (New or Addition)	\$300.00				
Multi Family (New or Addition)	\$350.00				
Non Residential (New or Addition)	\$350.00				
Miscellaneous (Awning, Basement Finish, Concrete, Deck, Fire Repair, Gazebo, Interior Finish, Porch, Shed, Swimming Pool, ECT.)	\$75.00				
** Make checks payable to "City of Algonac **	TOTAL DUE AT TIME OF APPLICATION				
FOR BUILDING DEP	ARTMENT USE ONLY				
ADDITIONAL REVIEW FEES (IF APPLICABLE)					
Electrical	\$75.00				
Mechanical	\$75.00				
Plumbing	\$75.00				
Sanitary Sewer Connection Fee	\$500.00				
Sanitary Sewer Inspection Fee	\$75.00				
Water Meter (3/4" or 1")	\$700.00				
Water Tap	\$2,000.00				
Water Capital Charge	\$2,500.00				
	Gross Area x SF Construction Cost Per ICC Building				
VALUATION FEE OR	Valuation Data Table x .0065	_			
DECLARED VALUE (i.e. roof or deck)	Declared Project Value x .0065				
INSPECTIONS					
Rough or open Borad (Roof) Inspection	\$75.00				
Backfill Inspection	\$75.00				
Comapaction/ Sand Inspection	\$75.00				
Footing/Open Hole Inspection	\$75.00				
Insulation Inspection	\$75.00				
Additional Inspection	\$75.00				
Final Inspection	\$75.00				
Fine for work w/o permit (min \$50)					
** Make checks payable to "City of Algonac **	TOTAL DUE AT TIME OF PERMIT ISSUE				
Use Group	Constrution Type				
Referenced Construction Code	Occupancy Load				
Total # Bedrooms Sq. Footage	Variance Required?				
Total # Baths Zoning	Fire Suppression Required?				
No work shall be started until the permit application has	been filed with the Building Department. Inst	tallation			
shall conform to all applicable codes. No work shall be co	ncealed until inspected				

A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED OR CONDUCTED WITHIN 6 MONTHS OF THE DATE OF PERMIT ISSUANCE OR WITHIN 6 MONTHS OF THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

READY FOR INSPECTION? Call 810-794-9361 x 1 or Email ALGBUILD@CITYOFALGONAC.ORG at least 24 hours in advance.

Reviewed & Approved by: _