

Blue Lake Township
 1491 OWASIPPE ROAD
 TWIN LAKE, MICHIGAN 49457
 PHONE 894-6335

BUILDING PERMIT APPLICATION
 TO BE COMPLETED BY APPLICANT
 As Required by: PUBLIC ACT 135 OF 1989 STATE OF MICHIGAN

JOB ADDRESS	LEGAL DESCRIPT.	LOT NO. BLOCK NO.	SUB'D OR ADDITION
-------------	-----------------	----------------------	-------------------

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide following information.

OWNER/LESSEE	MAIL ADDRESS	CITY/STATE	ZIP CODE	REASON FOR EXEMPTION
FEDERAL I.D. NO./SOC. SEC. NO.				CITY LIC. NO./STATE
CONTRACTOR	MAIL ADDRESS	PHONE	ZIP CODE	
FEDERAL I.D. NO./SOC. SEC. NO.		INSURANCE		
ARCHITECT OR ENGINEER	MAIL ADDRESS	PHONE	ZIP CODE	STATE LICENSE NO.

Class of Work: NEW ADDITION ALTERATION REPAIR DEMOLITION RELOCATION SIGN

PREMANUFACTURE COMMERCIAL INDUSTRIAL SWIMMING POOLS FENCE RENTAL OTHER

RESIDENTIAL MOBILE HOME

Describe work:	DO NOT WRITE IN THIS SPACE BELOW	
	Use of Building:	
	Change of Use to:	
	Valuation: \$	Fee:
	Foundation Only <input type="checkbox"/>	Fee:
	Starter Fee:	
Starting Date:	Time and Material: <input type="checkbox"/>	Fees:

All work must comply with state code as adopted by Reference City Ordinance	Permit Fee:		
SPECIAL CONDITIONS: POUR NO CONCRETE UNTIL FORMS ARE APPROVED. CALL 24 HOURS IN ADVANCE.	Plan Review Fee:		
	Type of Const.	Occupancy Group	Division
NOTE: All New construction must be approved by the building official before issuance.	Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
	Fire Zone	Use Zone	Fire Sprinklers Required: <input type="checkbox"/> yes <input type="checkbox"/> no
Application Accepted By	Building Inspector or Authorized Persons Plans Checked By Approved For Issuance By	Variance	Off St. Parking
BLDG. INSP.		No. of Dwelling Units	

NOTICE:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN ____ DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ____ DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF 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 REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

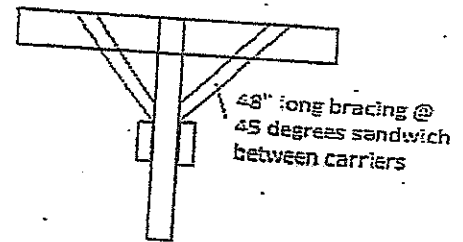
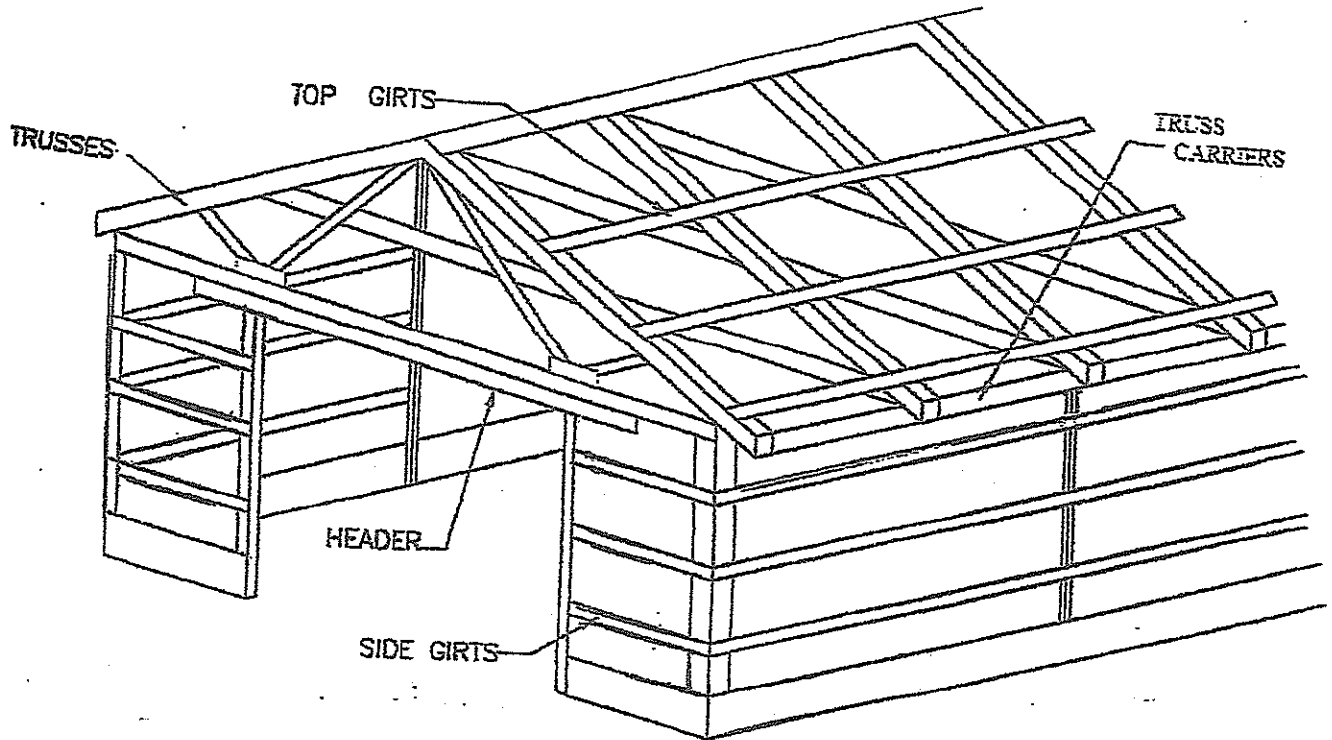
SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES, TO HOMEOWNERS THAT ARE APPLYING FOR A PERMIT (WHEN NO OTHER CONTRACTOR ASSISTANCE IS BEING USED), UNDER REASON FOR EXEMPTION STATE THAT YOU ARE THE HOMEOWNER AND WILL BE DOING THE WORK.

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (Specify)			
REVIEWS TO BE PERFORMED			DATE
SITE PLAN:			
PLUMBING:			
MECHANICAL:			
ELECTRICAL:			
ENERGY:			
BARRIER FREE:			

NOTICE: CALL FOR FINAL INSPECTION

SIGNATURE OF APPLICANT _____ OWNER/CONTRACTOR _____ DATE _____

RESIDENTIAL POLE BUILDING PLANS & SPECIFICATIONS



Y BRACING

Wind pressure on the walls will cause the pole to bend at the ground line. **Y BRACING** should be provided at the eave line for buildings over 10' tall and / or for buildings over 60' long

1. BUILDING SIZE: _____ X _____ X
2. TRUSS LOADING: _____ TCLL; _____ TCDL
 _____ BCLL; _____ BCDL
Minimum 50# Ground Snow Load
Truss Bracing: See Manufacturer's Spec's
Truss Prints are Required Before Obtaining Permit
3. POSTS: _____ X _____; _____ O.C.
See Post Sizing Chart on Reverse Side
4. POLE FOOTINGS: _____
See Pole Footing Chart on Reverse Side
5. TRUSS CARRIERS: _____ - _____ X _____
See Truss Carrier Chart on Reverse Side Material type
6. MAIN DOOR HEADER: _____ X _____
7. TOP & SIDE GIRTS: _____ X _____; _____ O.C.

POST SIZING

8' Walls	4 X 4's THRU 24' BLDG LENGTH
	4 x 6's OVER 24' BLDG LENGTH
10' WALLS	4 X 6's THRU 40' BLDG LENGTH
	6 X 6'S OVER 40' BLDG LENGTH
12' WALLS	6 X 6 ANY BLDG LENGTH

POLE FOOTING

24' BLDG WIDTH	12" HOLE DIAMETER	12" COOKIE ON TOP OF 40# GRAVEL MIX	OR 6" OF CONCRETE
26' BLDG WIDTH	16" HOLE DIAMETER	12" COOKIE ON TOP OF 80# GRAVEL MIX	OR 6" OF CONCRETE
30' BLDG WIDTH	18" HOLE DIAMETER	16" COOKIE ON TOP OF 80# GRAVEL MIX	OR 8" OF CONCRETE
36' BLDG WIDTH	20" HOLE DIAMETER	16" COOKIE ON TOP OF 120# GRAVEL MIX	OR 12" OF CONCRETE
40' BLDG WIDTH	24" HOLE DIAMETER	16" COOKIE ON TOP OF 120# GRAVEL MIX	OR 12" OF CONCRETE

TRUSS CARRIERS

24' BLDG WIDTH	2-2 X 12 SYP	OR 2-2 X10 MSR
26' BLDG WIDTH	3-2 X 12 SYP	OR 2 -2X10 MSR
30' BLDG WIDTH	3 -2 X12 SYP	OR 2 -2X10 MSR
36' BLDG WIDTH	4 - 2 X12 SYP	OR 3 -2X10 MSR
40' BLDG WIDTH	4 - 2 X12 SYP	OR 3 -2 X10 MSR