

Date: ___ / ___ / ___
 Jurisdiction of:
IONIA COUNTY

Department Approval
 By: _____

BUILDING PERMIT DETAIL

PERMIT No. _____

New residential construction, addition, and alteration

Job Address: _____ Property Tax ID: _____
 Zoning District: _____ Permit Determinant: _____
 Use Group: _____ Owner: _____ (_____) _____
 Type of Construction: _____ Address: _____ (_____) _____
 Basic Dimensions: _____ ft. x _____ ft. Contractor: _____
 Number of Floors: _____ Address: _____

Sq. ft. main floor _____ No. rooms on 1st floor _____ No. fireplaces _____ No chimneys _____
 Sq. ft. second floor _____ No. rooms on 2nd floor _____ No. full baths _____ No. half baths _____
NO. BEDROOMS _____ Sq. ft. fin.basement _____ Sq. ft. unfin.bsmt. _____ Ceiling height in ft. _____
 Bldg. height in ft. _____ Sq. ft. porches _____ Sq. ft. breezeways _____ Sq. ft. wood deck _____
 No. wood burners _____ Sq. ft. garage (attached garage requires fire separation) _____

FROM THE FOLLOWING LIST, PLEASE FILL IN OR CHECK ALL APPROPRIATE ITEMS

FOUNDATIONS

_____ fgs. _____" x _____"
 _____" below finished grade
 _____ No. post footings
 _____" x _____" x _____"
 _____ Poured walls
 _____ H.C. block _____"
 _____ Wood foundation
 (provide diagram)
 _____ Ft. Foundation wall height
 _____" crawl space wall height
 _____" egress sill height
 _____ No. bsmt. windows
 _____ Crawl space vent openings

ROUGH-IN FRAMING

_____ Sill plate (treat.)
 _____ Wall plates
 _____ Headers
 _____ Wood girder
 _____ Steel girder
 _____ post _____ ft. O.C.
 _____ stud wall
 _____ masonry
 _____ Fl. joists _____" O.C.
 _____ Ceiling joists _____" O.C.
 _____ Rafters _____" O.C.
 _____ Truss (diagram required)
 _____" floor sheathing
 _____" wall sheathing
 _____" roof sheathing
 _____" corner brace sheath

EXTERIOR

_____ Wood
 _____ Aluminum/Vinyl
 _____ Brick
 _____ Block

ROOFS

_____ Hip
 _____ Gable
 _____ Front overhang
 _____ Other overhang
 _____ Eavestrough
 _____ Asphalt shingles
 _____ Underlayment
 _____ Vents
 _____ Other coverings

CHIMNEY TYPE

_____ Brick
 _____ Block
 _____ Stone
 _____ Metal
 _____ Zero clearance

WINDOWS

_____ No. of windows
 _____ Wood sash
 _____ Metal sash
 _____ Type
 _____ Egress/bedrooms
 _____ Attic access 22" x 30"

INSULATION

_____ " of Fiberglass
 _____ " of Cellulose
 _____ " of Blown in fiberglass
 _____ " of Foam
 _____ other
 _____ " rigid poly ure.
 _____ " rigid styro
 _____ " insul sheath
 _____ Wind barrier
 _____ (mil) Moisture barrier

INTERIOR

_____ Foyer
 _____ Kitchen floor
 _____ Other flooring
 _____ Drywall or plaster
 _____ Smoke detectors
 _____ Covered ceiling
 _____ Pnl. wainscot
 _____ 5/8" garage fire code

BUILT-IN ITEMS

_____ Oven _____ Range
GARBAGE DISPOSAL
 _____ Hood/fan
 _____ Dishwasher
 _____ Refrigerator
 _____ Incinerator
 _____ Vanities
 _____ Feet of cupboard length

COST OF PERMIT: \$ _____

Make check payable to: Ionia County

Note - will your project require a trade permit(s):
Electrical yes no
Plumbing yes no
Mechanical yes no

LOT DIAGRAM

Owner: _____

Address: _____

Job Address: _____

Tax I.D.: _____

- | | |
|-------------------------------|---|
| 1) Draw lot lines in Feet | 5) Show dimensions of all buildings |
| 2) Label street | 6) Show distance from all sides of buildings to sidelines |
| 3) Draw existing structures | 7) Draw Lakes, streams, and wet lands within 500 feet |
| 4) Draw proposed construction | 8) Contractor/owner will stake 2 adjacent lot lines |

Contractor		Phone ()	
Address	City	State	Zip
Federal ID No/Social Security No.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
If exempt from any of the above, explain here:			
Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.			

HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Printed Name: _____

Signed: _____ Date: _____

AGENT/CONTRACTOR AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Printed Name: _____

Signed: _____ Date: _____