

Date: ____/____/____

CITY OF LESLIE

BUILDING PERMIT COMMERCIAL

CITY OF LESLIE

602 W Bellevue

PO Box 496

Leslie, MI 49251-0496

Bldg. Dept. (269) 679-4900

(800) 627-2801

Permit # _____

Job Location: _____

Property Tax ID #: _____

Zoning District: _____

Permit Determinant: _____

Use Group: _____

Type of Improvement: _____

Type of Construction: _____

Owner: _____ () _____

No. of Floors: _____ Bldg. Height: _____

Address: _____

NONRESIDENTIAL – Describe in detail propose use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. I use of existing building is being changed, enter proposed use.

____ Site Plan Approval

____ Curb or Sidewalk Cut

____ Erosion Control

____ Site Plan

____ Electrical

____ Storm Sewer Connection

____ Variance Approval if Applicable

____ Mechanical

____ Sanitary Sewer Tap

____ 2 Sets of Sealed Drawings & Specs.

____ Plumbing

PLAN PREVIEW \$ _____

____ P.A. 135 Disclosure

____ Sign or Billboard

COST OF PERMIT \$ _____

____ Plan Review and Permit Fee

____ Demolition

TOTAL COST \$ _____

Building Dept. By _____

Engineer/Architect: _____ Phone () _____

Address: _____

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

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Federal ID No. or 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, 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.

AGENT'S AFFIDAVIT and SIGNATURE

I hereby certify 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 we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signed: _____ Date: _____

LOT DIAGRAM

Owner: _____
Address: _____
Tax ID: _____

- 1) Draw lot lines in feet

2) Label street

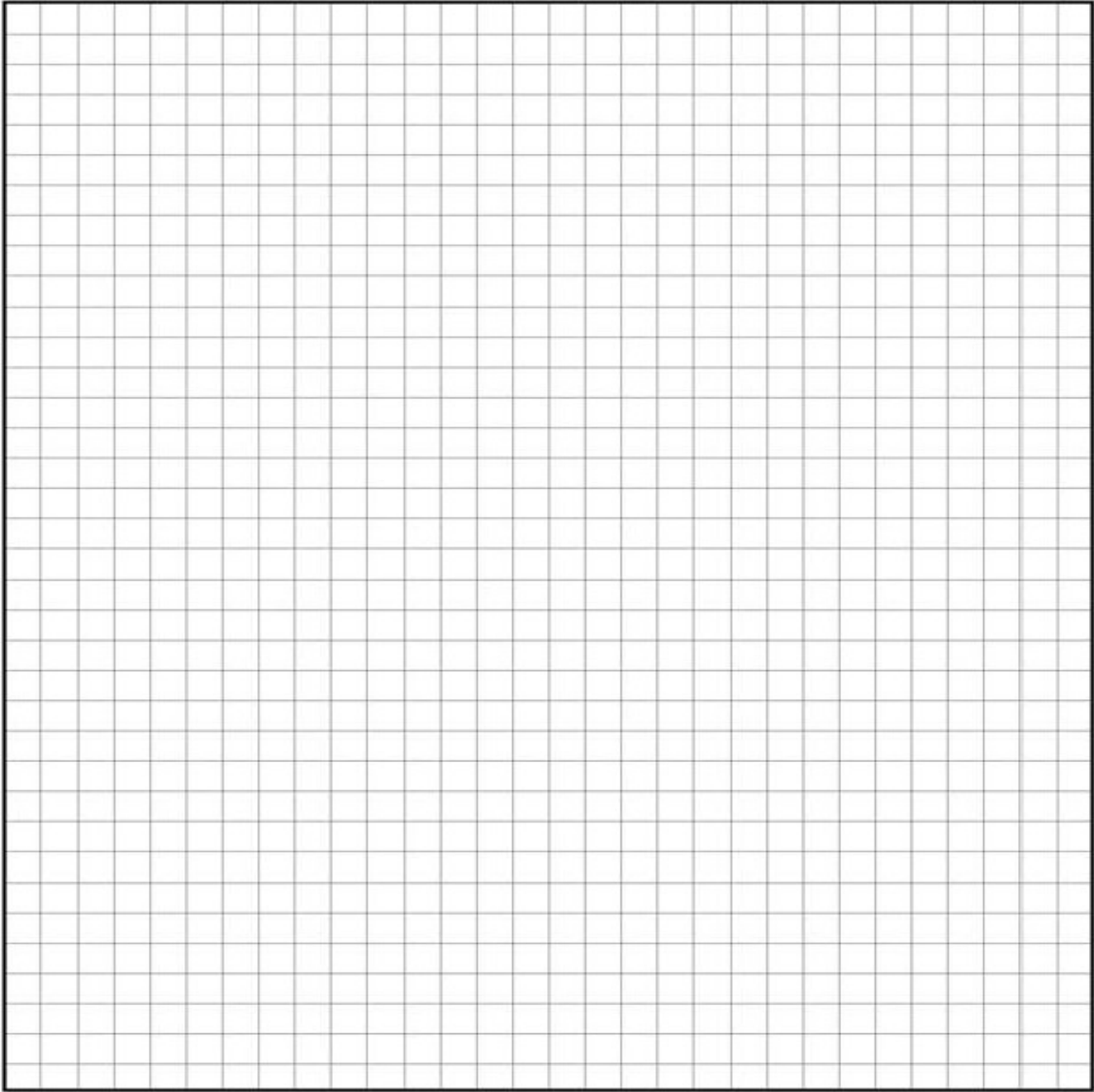
3) Draw existing structures

4) Draw proposed construction
- 5) Show dimensions of all buildings

6) Show distance from all sides of buildings to sidelines

7) Draw lakes, streams, and wet lands within 500 feet

8) Contractor/owner will stake 2 adjacent lot lines



COMMERCIAL PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for _____
(job address)

Owner's Name _____

Contractor's Name _____

Before a permit may be issued all the following documentation (1-6) must be submitted or justified as non-applicable. Please indicate by check mark that each item has been enclosed with the application.

- _____ 1. SITE PLAN APPROVAL (or other zoning approval as required).
- _____ 2. SITE PLAN DRAWINGS (as approved in item #1 – submitted with construction drawings).
- _____ 3. VARIANCE APPROVAL, if applicable.
- _____ 4. THREE (3) SETS OF SEALED DRAWINGS & SPECIFICATIONS.
- _____ 5. P.A. 135 Disclosure (Licensing information located on the Commercial Building Permit Application).
- _____ 6. PLAN REVIEW (will be conducted by this office).

The following may also be required. The applicant is responsible for obtaining the following referenced permits or waivers (items 7-17). These must be reconciled prior to issuance of a permit.

- _____ 7. CURB OR SIDEWALK CUT
- _____ 8. SIGN OR BILLBOARD PERMIT
- _____ 9. DEMOLITION PERMIT
- _____ 10. SOIL EROSION CONTROL PERMIT (Applies when located within 600 feet of a lake, river or county drain, **OR** excavated area is equal or greater than 1 acre).
- _____ 11. STORM SEWER CONNECTION
- _____ 12. SANITARY SEWER TAP

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any plumbing, electrical, mechanical or building permits.

The BUILDING DEPARTMENT (Associated Government Services) may be contacted by PHONE at (800) 627- 1900 (an answering service operates 24 hours a day); by MAIL at PO Box 662, Schoolcraft, MI 49807; or by FAX at (269) 679-4432. OFFICE HOURS are 8:00 AM to 12:00 PM and 1:30 to 4:30 PM, Monday through Friday, and the office is located at 100 East Cass Street, Schoolcraft, MI 49807.

Signed _____ Date _____
(applicant signature)

Project Cost Estimate \$ _____