



Mecosta
TOWNSHIP

19729 11 Mile Road, Big Rapids, MI 49307 Phone: 231-796-8935 Fax: 231-796-9185 Email: building@mecostatwp.org

PB _____

Agriculture Building Application

Mecosta Township Building Department

Authority: PA 230 of 1972, as amended
Completion: Mandatory to obtain permit
Penalty: Permit cannot be issued

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR ELECTRIC, MECHANICAL, AND PLUMBING PERMITS

Owner:

Job Location:

Parcel # 54-09- _____ - _____ - _____	Site Address
Owner name	Contractor Name
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

Proposed Use (Required):

Contractor Information:

Name			State License #	Expiration Date
Address (Street No. and name)			State Registration #	Local Licensing Jurisdiction
City	State	Zip Code	Local License #	Expiration Date
Telephone Number ()	Cell Phone Number		Federal Employer ID Number (or reason for exemption)	
Workers compensation Insurance Carrier (or reason for exemption)			MESC Employer Number (or reason for exemption)	

Type of Job:

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation only
<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Special Inspection
<input type="checkbox"/> Mobile home set-up	<input type="checkbox"/> Relocation		

Review(s) to be performed:

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Foundation
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Residential:

<input type="checkbox"/> One Family	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other
<input type="checkbox"/> Two or more families No. of units _____	<input type="checkbox"/> Hotel, Motel No. of units _____		

Non-Residential:

<input type="checkbox"/> Amusement 318	<input type="checkbox"/> Parking Garage 321	<input type="checkbox"/> Office, Bank 324	<input type="checkbox"/> Store 327
<input type="checkbox"/> Church, Religion 319	<input type="checkbox"/> Service Station 322	<input type="checkbox"/> Public Utility 325	<input type="checkbox"/> Tanks, Towers 328
<input type="checkbox"/> Industrial 320	<input type="checkbox"/> Hospital 323	<input type="checkbox"/> School, Library 326	<input type="checkbox"/> Other, Sign 329

Non-residential – Describe in detail proposed 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. If use of existing building is being changed, enter proposed use.

Principal Type of Frame:

<input type="checkbox"/> Masonry, Wall	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other
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Principal Type of Heating Fuel:

<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other
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Type of Sewage Disposal:

<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Septic System
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Type of Water Supply:

<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Well	<input type="checkbox"/> Cistern
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Type of Mechanical:

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Other
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Dimensions/Data:

	_____	Floor Area	Existing	Alterations	New
Number of stories	_____				
Use Group	_____	Basement	_____	_____	_____
Construction Type	_____	1 st & 2 nd Floor	_____	_____	_____
Number of Occupants	_____	3 rd – 10th Floor	_____	_____	_____
		11 th – Above	_____	_____	_____
		Total Area	_____	_____	_____

Number of off Street Parking Spaces:

<input type="checkbox"/> Enclosed	<input type="checkbox"/> Outdoors
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Instructions for Completing Application:

Expiration of Permit: 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 CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or Political beliefs.

Make Check Payable to
 Mecosta Township
 19729 11 Mile Rd.
 Big Rapids, MI 49307