



# BUILDING PERMIT APPLICATION

**Clare County Community Services**  
 225 W. Main St., P.O. Box 438, Harrison, MI 48625 • Office: 989.539.2761  
 Inspection Line: 989.539.2741 • Fax: 989.539.8877 • [www.clareco.net](http://www.clareco.net)  
*"Our goal is to provide a safer place to live, work and play"*

Mark Fitzpatrick, Building Official: [fitzpatrickm@clareco.net](mailto:fitzpatrickm@clareco.net) | Tammy Goodman, Administrative Assistant: [goodmant@clareco.net](mailto:goodmant@clareco.net)

**TO PREVENT THE DELAY OF THE ISSUANCE OF THE PERMIT, PLEASE FILL OUT THE APPLICATION COMPLETELY.**

Separate applications may need to be completed for soil erosion, zoning, plumbing, mechanical and electrical permits.

**APPLICANT**

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUILDER	<input type="checkbox"/> ARCHITECT/ENGINEER	<input type="checkbox"/> AGENT
--------------------------------	----------------------------------	---	--------------------------------

The architect, engineer or agent must provide written authorization from the owner to apply for a building permit. The authorization must include the architect, engineer or agent name, address and telephone number.

**PROJECT INFORMATION/LOCATION**

Project Name:		Address:	
City/Village/Township:		Property ID Number:	
Side of Road: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	Cross Roads: BETWEEN _____ AND _____		
Subdivision and Lot Number	Parcel Size:		

**IDENTIFICATION OF OWNER OR LESSEE**

The owner will be the designated contractor and the permit holder for this project <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Address:	
City:	State:	Zip Code:	Telephone:
Driver's License/I.D. Number:	Date of Birth:	Fax:	

**IDENTIFICATION OF ARCHITECT/ENGINEER**

Contact Person:		Business Name:	
Street or PO Box:		City:	State: Zip:
Telephone:	Email:	Fax:	
Professional License Number:		Expiration Date:	

**IDENTIFICATION OF BUILDING CONTRACTOR**

<input type="checkbox"/> WILL BE THE PERMIT HOLDER		<input type="checkbox"/> WILL NOT BE THE PERMIT HOLDER AND IS ACTING AS A SUB-CONTRACTOR ONLY	
Contractor's Name:		Professional License Number	Expiration Date:
Driver's License/I.D. Number:		Date of Birth:	
Business Name:		Street Address or PO Box:	
City:	State:	Zip:	Email:
Telephone:		FEIN or reason for exemption:	
MESC Number or reason for exemption:		Workers Comp. Ins. Carrier or reason for exemption:	

**PLAN REVIEW (CCCS WILL ASSIST YOU IN DETERMINING WHICH TRADES APPLY TO YOUR PROJECT)**

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire suppression
-----------------------------------	-------------------------------------	-------------------------------------	-----------------------------------	---

**RESIDENTIAL BUILDINGS AND IMPROVEMENTS (for residential purposes only; check all that apply)**

<input type="checkbox"/> New Building	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Alteration/Renovation/Repairs
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Piers	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Demolition
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Pole Type Structure	<input type="checkbox"/> Manufactured Home
<input type="checkbox"/> Basement (Walk Out)	<input type="checkbox"/> Frost Free Foundation	<input type="checkbox"/> Carport	<input type="checkbox"/> Owner Occupied
<input type="checkbox"/> Basement (BG)	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Rental Unit
Describe:			

**STRUCTURE SIZES IN SQUARE FOOTAGE**

RESIDENTIAL    COMMERCIAL

First Floor:	Basement:
Second Floor:	Garage:
Other Floor:	Additions:
Project cost - include materials and labor:	\$

**PRE-MANUFACTURED/MOBILE HOME**

<input type="checkbox"/> Manufactured home in a mobile home park		<input type="checkbox"/> Manufactured home on private property		
Type of Foundation:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Block	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
Type of Frame:	<input type="checkbox"/> Masonry Load Bearing	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structural Steel
Fire Suppression:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial			
Classification of the Building	Use Group:	Type of Construction:	Number of Stories:	Occupancy Load:
Name of nearest body of water: (lake, river, stream)		How many feet is the project from the nearest body of water?		

**APPLICANTS APPROVAL AND SIGNATURE SECTION**

<input type="checkbox"/> THE APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES RELATING TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:		
<input type="checkbox"/> ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE STATE BUILDING CODE AND ALL PHASES OF THE CONSTRUCTION NEED AN INSPECTION WILL BE INSPECTED AND APPROVED BY A CLARE COUNTY BUILDING INSPECTOR BEFORE ANY FURTHER WORK IS STARTED. IF ANY ELECTRICAL, MECHANICAL OR PLUMBING WORK NEED TO BE DONE, I WILL MAKE SURE PROPER PERMITS WILL BE ACQUIRED AND ALL INSPECTIONS WILL BE COMPLETED AND WORK APPROVED BEFORE I CONTINUE WITH MY BUILDING PROJECT. I WILL COOPERATE WITH ALL CLARE COUNTY INSPECTORS AND ASSUME ALL RESPONSIBILITY TO ARRANGE FOR AND OBTAIN ALL NECESSARY INSPECTIONS.		
<input type="checkbox"/> I UNDERSTAND THAT I MUST KEEP MY PETS UNDER CONTROL WHILE THE INSPECTOR IS ON THE PREMISES. <b>Failure to control a pet shall result in rescheduling the inspection and the additional inspection will be charged at \$75.00.</b>		
<input type="checkbox"/> I UNDERSTAND THAT IF APPLICABLE THIS SITE MAY BE SUBJECT TO FEMA FLOODPLAIN REGULATIONS.		
<input type="checkbox"/> I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COLLECT AND INSURE APPROPRIATE LICENSING AND PROOF OF INSURANCE FOR ANY AND ALL TRADES WORKING ON MY BUILDING PROJECT. FAILURE TO DO SO MAY RESULT IN NO LEGAL RECOURSE IN THE EVENT OF CODE VIOLATIONS OR SUB STANDARD WORKMANSHIP.		
<input type="checkbox"/> I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS APPLICATION IN FULL.		
<p>* SECTION 23a OF THE STATE CONSTRUCTION ACT OF 1972, 1972 PA 230, MCL 125.1523a, 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.</p>		
<p>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/HER 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.</p>		
<b>Signature of Owner:</b>	<b>Type or Print Name:</b>	<b>Date:</b>
<b>Signature of Owner's Agent:</b>	<b>Type or Print Name:</b>	<b>Date:</b>

INTERNAL USE/INSPECTOR'S NOTES


**THIS SECTION MUST BE COMPLETED FOR ALL NEW HOUSES, ADDITIONS AND ALTERATIONS**

There are two ways to comply with the ENERGY CODE. Indicate what method has been used to provide documentation of code compliance.

1.  Use the prescriptive method (see table 402.1.1)
2.  Use the System Analysis method (see table 2).

**TABLE 402.1.1**

INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT CLIMATE ZONE	FENESTRATION U-FACTOR	SKYLIGHT <sup>a</sup> U-FACTOR	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT <sup>c</sup> WALL R-VALUE	SLAB <sup>e</sup> R-VALUE AND DEPTH	CRAWL SPACE WALL R-VALUE
SA	0.32	0.55	38	20 or 13 + 5'	13/17	30*	10/13	10, 2ft	15/19
6A	0.32	0.55	49	20 or 13 + 5'	15/20	30*	15/19	10, 4ft	15/19
7	0.32	0.55	49	20 or 13 + 5'	19/21	38*	15/19	10, 4ft	15/19

R-value of the insulation shall not be less than the R-values specified in the table.

b. The fenestration U-factor column excludes skylights.

c. "15/19" means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" may be met with R-13 cavity insulation on the interior or the basement wall plus R-5 continuous insulation on the interior or exterior of the home. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.

d. R-5 shall be added to the required slab edge R-values for heated slabs.

e. Or insulation sufficient to fill the framing cavity, R-19 minimum.

f. First value is cavity insulation, second is continuous insulation or insulated siding, so "13 + 5" means R-13 cavity insulation plus R-5 continuous insulation or insulated siding. If structural sheathing covers 40% or less of the exterior, continuous insulation R-value may be reduced by no more than R-3 in the locations where structural sheathing is used - to maintain a consistent total sheathing thickness.

g. The second R-value applies when more than half the insulation is on the interior of the mass wall.

**TABLE 2 (SYSTEM ANALYSIS)**

1. Michigan Uniform Energy Code—2009 (Detached 1 and 2 family dwellings)

2. Meeting the design, construction, and certification requirements under the U.S. EPA

**ENERGY STAR HOMES PROGRAM**

3. Meeting the design and construction guidelines for the HOME ENERGY RATING SYSTEM (HERS) with a minimum test score of 85.

4. Achieving an approval using the insulation requirements in RES check at <http://www.energycodes.gov/rescheck>

**401.3 Certificate.** A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall not cover or obstruct the visibility of the circuit directory label, service disconnect label or other required labels. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominant R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration and the solar heat gain coefficient (SHGC) of

fenestration. Where there is more than one value for each component, the certificate shall list the value covering the largest area. The certificate shall list the types and efficiencies of heating, cooling and service water heating equipment. Where a gas-fired unvented room heater, electric furnace, or baseboard electric heater is installed in the residence, the certificate shall list "gas-fired unvented room heater," "electric furnace" or "baseboard electric heater," as appropriate. An efficiency shall not be listed for gas-fired unvented room heaters, electric furnaces or electric baseboard heaters.

Signature:

Date:

# Mandatory Blower Door Test

## For all new construction

**N1102.4.1.2 (R402.4.1.2) Testing (prescriptive).** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 4 air changes per hour. Testing shall be conducted with a blower door

at a pressure of 0.2 inches w.g. (50 pascals). Where required by the code official, testing shall be conducted by a certified independent third party. Certification programs shall be approved by the state construction code commission. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope. During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures;
2. Dampers including exhaust, intake, makeup air, backdraft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures;
3. Interior doors, if installed at the time of the test, shall be open;
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed;
5. Heating and cooling systems, if installed at the time of the test, shall be turned off; and
6. Supply and return registers, if installed at the time of the test, shall be fully open.

# New Building Permit Check List

Yes

N/A

**Zoning**

**Drawings/Site Plan**

**Address**

**Septic**

**Soil Erosion**

**Flood Plain**

**Additional Permits Required**

**Electric**

**Plumbing**

**Mechanical**

**Asbestos/Lead Inspection**