

RANDY SCHMELING INSPECTIONS  
 10884 HARDER ROAD  
 THREE RIVERS, MI 49093  
 Home 269-244-5184 Mobile 269-625-3260

Before a permit may be issued, **ALL** of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- \_\_\_\_\_ 1. Proof of ownership (provide copies of deed or land contract with tax number).
- \_\_\_\_\_ 2. Site plan or lot diagram on back of last page of the application. (required of **ALL** applications: new homes, additions and interior remodel). \*\* Site plan must show dimensions to all property lines from proposed building.
- \_\_\_\_\_ 3. Blue prints/drawing: wall section, foundation plan and floor plan required on **ALL** applications. Two (2) complete sets of drawings are required with any permit applications.
- \_\_\_\_\_ 4. Estimated cost of project. \$ \_\_\_\_\_
- \_\_\_\_\_ 5. Health department permit (Well and/or Septic system).
- \_\_\_\_\_ 6. Driveway/sidewalk permit: Road commission or jurisdiction.
- \_\_\_\_\_ 7. Is the structure within 500 feet of water (lake, river, county drain)? [ ] **Yes** [ ] **No**. If yes, a soil erosion permit is required.
- \_\_\_\_\_ 8. Is property located in wetlands or floodplains? [ ] **Yes** [ ] **No**
- \_\_\_\_\_ 9. Zoning approval documentation
- \_\_\_\_\_ 10. Other permits eventually necessary:  
       \_\_\_\_\_ Electrical      \_\_\_\_\_ Mechanical      \_\_\_\_\_ Plumbing      \_\_\_\_\_ Sign

\*\*Applicant or licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

### **RESPONSIBILITIES OF APPLICANTS**

It is the legal responsibility for the applicant to call for all required inspections 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.

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the state building code. Include wall section/cross section drawing showing material dimensions and specifications from footing to rafters, as well as, floor plan indicating all room dimensions, window, door and stair openings. All structures containing premanufactured members (roof trusses, floor trusses, etc.) require a sealed diagram from the manufacturer, forward to our office at time of delivery.

**I. Location of building**

Address: \_\_\_\_\_

City/Village: \_\_\_\_\_ Township: \_\_\_\_\_ Property Tax No. \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. Identification****Owner/Lessee**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Architect or Engineer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Builders License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

**OR** reason for exemption: \_\_\_\_\_

Workers Comp. Insurance Carrier: \_\_\_\_\_

**OR** reason for exemption: \_\_\_\_\_

MESC Employer Number: \_\_\_\_\_

**OR** reason for exemption: \_\_\_\_\_

### **III. Type of Improvement and Plan Review**

**A. Type of Improvement:** Place an [X] to indicate choice.

1.  New building    2.  Addition    3.  Alteration    4.  Repair    5.  Wrecking  
 6.  Mobile Home set-up    7.  Foundation only    8.  Premanufactured    9.  Relocation

**B. Review(s) to be performed**

- Building     Plumbing     Mechanical     Electrical     Energy

### **IV. Proposed use of building**

**A. Residential-** For “wrecking” show most recent use. Place an [X] to indicate choice.

1.  One Family    2.  Two or more Family (no. of units) \_\_\_\_    3.  Hotel, Motel (no. of units) \_\_\_\_  
 4.  Attached garage    5.  Detached Garage    6.  Other \_\_\_\_\_

**B. Nonresidential** - For “wrecking” show most recent use. Place an [X] to indicate choice.

7.  Amusement    8.  Church, Religious    9.  Industrial    10.  Parking Garage  
 11.  Service station    12.  Hospital, Institutional    13.  Office, Bank, Professional  
 14.  Public Utility    15.  School, Library, Educational    16.  Store, Mercantile  
 17.  Tanks, Towers    18.  Other \_\_\_\_\_

**Nonresidential-** 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.

### **V. Selected Characteristics of building**

**A. Principal Type of Frame.** Place an [X] to indicate choice.

1.  Masonry, Wall Bearing    2.  Wood Frame    3.  Structured Steel  
 4.  Reinforced Concrete    5.  Other \_\_\_\_\_

**B. Principal Type of Heating Fuel.** Place an [X] to indicate choice.

6.  Gas    7.  Oil    8.  Electricity    9.  Coal    10.  Other \_\_\_\_\_

**C. Type of Sewage Disposal.** 11.  Public or Private Company    12.  Septic System

**D. Type of Water Supply.** 13.  Public or Private Company    14.  Private Well or Cistern

**E. Type of Mechanical.** Place an [X] to indicate choice.

15. [ ] Will there be air conditioning? [ ] Yes [ ] No

16. [ ] Will there be an elevator? [ ] Yes [ ] No

**F. Dimensions**

17. Number of stories \_\_\_\_\_

18. Floor Area 1<sup>st</sup> & 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup>-10<sup>th</sup> floors \_\_\_\_\_ 11<sup>th</sup> – above floors \_\_\_\_\_

Total Area \_\_\_\_\_ Total Land Area (square feet) \_\_\_\_\_

**G. Number of off street spaces**

20. Enclosed \_\_\_\_\_ 21. Outdoors \_\_\_\_\_

**VI. Applicant Information**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal I.D. No./Social Security No. (or reason for exemption) \_\_\_\_\_

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.

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.

Fee Enclosed \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Application Date \_\_\_\_\_

**VII. Validation**

Building Permit Number \_\_\_\_\_ Issue Date: \_\_\_\_\_ Permit Fee \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

**VIII. Site or Plot Plan – For applicant Use**

**Indicate direction of North**



To obtain other needed permits, please contact as listed below:

**Sanitation Permit**

Health Department  
1110 Hill St.  
Three Rivers, MI 49093  
269-273-2161

**Driveway Permit**

St. Joseph County Road Commission  
20914 M-86  
Centreville, MI 49032  
269-467-6393

**Soil Erosion Permit**

St. Joseph County Drain Commission  
612 E. Main St.// P.O. Box 427  
Centreville, MI 49032  
269-467-5600

**Contact information for other necessary permits**

Plumbing-	John Dobberteen	269-625-7648
Mechanical-	John Dobberteen	269-625-7648
Electrical-	Ron Bellaire	269-663-3429
Building-	Randy Schmeling	269-625-3260