

CRAWFORD COUNTY BUILDING AND ZONING DEPARTMENT

200 W. Michigan Avenue - County Building Annex

989 Grayling, MI 49738

PH. 989-348-2841 Ext 233 / FAX: 989-348-1016

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APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

1. LOCATION OF BUILDING (LEGAL DESCRIPTION AND PROPERTY CODE #) (From Tax Statement):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PROPERTY OWNER:

NAME: \_\_\_\_\_ PH. # \_\_\_\_\_

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

City, State & Zip code: \_\_\_\_\_

3. ARCHITECT OR ENGINEER: \_\_\_\_\_ Ph. # \_\_\_\_\_

Address, City, State & Zip Code: \_\_\_\_\_

4. CONTRACTOR: \_\_\_\_\_ Ph.# \_\_\_\_\_

Address, City, State & Zip Code: \_\_\_\_\_

Builders License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Must Register with the County of Crawford.**

Fed. I.D. # or reason for exemption: \_\_\_\_\_

Workers Comp Carrier or reason for exemption: \_\_\_\_\_

MESC # 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 12a of the State Construction Code Act of 1972, P.A. 230 -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.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

When to call for inspections:

1. Footings: Prior to pouring cement.
2. Framing/Rough: Prior to drywall - must have electrical, mechanical & plumbing rough inspections done before the building can be inspected. Mechanical & building inspections must be scheduled together.
3. Final: Prior to occupancy - Must have electrical, mechanical & plumbing inspections done. Mechanical and building inspections must be scheduled together.

CRAWFORD COUNTY BUILDING & ZONING DEPARTMENT

All permits expire one year from date of issue

Permit # \_\_\_\_\_

Date: \_\_\_\_\_ Property Code # \_\_\_\_\_

ALL BUILDINGS SHALL BE CONSTRUCTED ACCORDING TO THE CRAWFORD COUNTY ZONING ORDINANCE AND THE STATE CONSTRUCTION CODE.

Commercial \_\_\_\_\_ Residence \_\_\_\_\_ Mobile homes \_\_\_\_\_ Modular \_\_\_\_\_ Garage \_\_\_\_\_ Addition \_\_\_\_\_
Utility \_\_\_\_\_ Demolish \_\_\_\_\_ Remodel \_\_\_\_\_ Signs/Billboards \_\_\_\_\_ Roofs \_\_\_\_\_ Footings \_\_\_\_\_
Renewal \_\_\_\_\_ Pole Barn \_\_\_\_\_
Township of \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ Section \_\_\_\_\_

Legal Description: \_\_\_\_\_
Lot # \_\_\_\_\_ Block \_\_\_\_\_ Plat / Subdivision \_\_\_\_\_
Zoned \_\_\_\_\_ Size of lot \_\_\_\_\_ X \_\_\_\_\_ Acres \_\_\_\_\_
Set back from: Front \_\_\_\_\_ Sides \_\_\_\_\_ Rear \_\_\_\_\_
Use Group \_\_\_\_\_ Type of Construction \_\_\_\_\_ Cost \_\_\_\_\_

BEFORE YOU OCCUPY THIS BUILDING, YOU MUST GET A CERTIFICATE OF OCCUPANCY

FOUNDATION:
Basement: # Blocks \_\_\_\_\_ Crawl \_\_\_\_\_
Footings: \_\_\_\_\_ X \_\_\_\_\_
Below Grade: Min 24" \_\_\_\_\_
Block size: \_\_\_\_\_
Concrete: \_\_\_\_\_
Back fill \_\_\_\_\_
Vents \_\_\_\_\_

FRAMING
Size of Building \_\_\_\_\_ X \_\_\_\_\_
Upper Story \_\_\_\_\_ X \_\_\_\_\_
Square Footage \_\_\_\_\_
Sill Sealer \_\_\_\_\_
Sill Plate \_\_\_\_\_ X \_\_\_\_\_
Anchor bolts 2' from corner each 8' \_\_\_\_\_
Studs \_\_\_\_\_ X \_\_\_\_\_ "oc
Ceiling Joists: \_\_\_\_\_ x \_\_\_\_\_ "oc

CEILING HEIGHT
1st floor \_\_\_\_\_ 2nd floor \_\_\_\_\_
RAFTERS
Truss \_\_\_\_\_ X \_\_\_\_\_ "oc
Need truss certification
Stick \_\_\_\_\_ X \_\_\_\_\_ "oc
Ridge Board \_\_\_\_\_ X \_\_\_\_\_

FLOOR
Joists \_\_\_\_\_ X \_\_\_\_\_ "oc
Unsupported Length \_\_\_\_\_
Sheathing \_\_\_\_\_

EXTERIOR
Wood \_\_\_\_\_
Aluminum \_\_\_\_\_
Brick \_\_\_\_\_
Stucco \_\_\_\_\_
Other \_\_\_\_\_

INTERIOR
Dry wall \_\_\_\_\_
Plaster \_\_\_\_\_
Paneling \_\_\_\_\_
Combination \_\_\_\_\_

MISCELLANEOUS
Corner Bracing \_\_\_\_\_
Solid \_\_\_\_\_ Metal \_\_\_\_\_
Headers \_\_\_\_\_ X \_\_\_\_\_

EGRESS WINDOWS
Bedroom Clear Openings \_\_\_\_\_
Ground Floor - 5 Cu Ft Min \_\_\_\_\_
2nd floor - 5.7 Cu Ft Min \_\_\_\_\_
24" high 20" wide 44" sill height \_\_\_\_\_

MOBILE HOMES
Age \_\_\_\_\_ Size \_\_\_\_\_
Make \_\_\_\_\_
Model \_\_\_\_\_

PORCHES/DECKS
Size: \_\_\_\_\_
SMOKE ALARMS:
one in each bedroom, hall, floor.

HEATING
Wood \_\_\_\_\_ Stove \_\_\_\_\_ Boiler \_\_\_\_\_
Gas \_\_\_\_\_ Hot Water \_\_\_\_\_ Forced Air \_\_\_\_\_
Oil \_\_\_\_\_ Hot Water \_\_\_\_\_ Forced Air \_\_\_\_\_
Electric \_\_\_\_\_ Other \_\_\_\_\_

GARAGE
Attached \_\_\_\_\_ Unattached \_\_\_\_\_
Size \_\_\_\_\_ X \_\_\_\_\_
Storage above - Size \_\_\_\_\_
Studs \_\_\_\_\_ "X \_\_\_\_\_ " "oc

RAFTERS
Trusses \_\_\_\_\_ X \_\_\_\_\_
Need Truss Certification \_\_\_\_\_
Stick \_\_\_\_\_ x \_\_\_\_\_ "oc
Ridge Board \_\_\_\_\_ X \_\_\_\_\_
Headers \_\_\_\_\_ X \_\_\_\_\_

SIGNS/BILLBOARDS
Height \_\_\_\_\_ Cost \_\_\_\_\_
Grayling City Zoning 348-2131 \_\_\_\_\_
Lovells Township Zoning 348-5705 \_\_\_\_\_
Airport Zoning applies - Height: \_\_\_\_\_

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

Location: \_\_\_\_\_

Remarks: \_\_\_\_\_

YOU MUST CALL FOR INSPECTIONS: 348-2841 OR 348-2844 Ext. 233 Message 989

Signature of Building Official \_\_\_\_\_

TO BUILDING PERMIT APPLICANTS FROM BUILDING & ZONING DEPARTMENT.

JOSEPH DURAN - DIRECTOR

200 West Michigan Avenue - Annex Building  
Grayling, MI 49738

989

Phone: 348-2844 Ext. 233

Amended 7-30-98

**Building Permit information required for permit to build in all Townships and the City of Grayling located in Crawford County, but not Grayling Township nor Frederic Township.**

**THE FOLLOWING DOCUMENTS, PAPERS & PERMITS ARE REQUIRED BEFORE APPLICATION CAN BE PROCESSED:**

1. APPLICATION ACCURATELY COMPLETED EXACTLY HOW THE PROJECT IS TO BE BUILT.
2. PROOF OF OWNERSHIP, WARRANTY DEED OR LAND CONTRACT SHOULD REGISTERED.
3. DRIVE WAY PERMIT FROM THE CRAWFORD COUNTY ROAD COMMISSION. 348-2281
4. WELL & SEPTIC PERMIT FROM THE CRAWFORD COUNTY HEALTH DEPARTMENT. 348-7800
5. ADDRESS APPLICATION FOR 911 COMPLETED FOR A NEW ADDRESS ON NEW CONSTRUCTION.
6. BLUE PRINT - REQUIRE TWO [2] SETS FOR THE PROJECT TO BE CONSTRUCTED. ONE SET FOR PERMANENT COUNTY FILE AND ONE SET TO BE STAMPED AS APPROVED WITH (NOTE) IF NEEDED FOR APPLICANT'S Section 108.0 Permits per B.O.C.A.
  - A. FOUNDATION PLAN
  - B. TYPICAL WALL SECTION
  - C. FLOOR PLANS
  - D. ELEVATIONS OF FRONT & SIDES WITH WINDOWS
  - E. ALL COMMERCIAL WORK REQUIRES A SEALED BLUE PRINT AS DOES A RESIDENCE OVER 3500 SQ FT.
  - F. SIZES OF EGRESS WINDOWS. MUST BE TO CODE WITH SAFETY GLASS.
7. SITE PLAN TO SCALE & DIMENSIONS THAT COMPLY WITH THE ZONING FOR THAT DISTRICT. SHOW ALL BUILDINGS ON PROPERTY & OTHER PERTINENT INFORMATION FOR ZONING PERMIT.
8. SOIL EROSION AND SEDIMENTATION CONTROL PERMIT IF THE BUILDING SITE IS WITHIN 500 FEET FROM A RIVER, WETLANDS, POND, OR LAKE.
9. YOU NEED A LOVELLS ZONING CERTIFICATE IF BUILDING IN THE TOWNSHIP OF LOVELLS.
10. YOU NEED A CITY ZONING CERTIFICATE IF BUILDING IN THE CITY OF GRAYLING.
11. A MAP IS NEEDED SHOWING HOW TO GET TO YOUR PROPERTY.
12. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE. YOU MUST RENEW PERMIT PRIOR TO EXPIRATION AND BOND WILL BE CARRIED OVER. IF NOT RENEWED, BOND WILL EXPIRE.
- CERTIFICATE OF OCCUPANCY IS REQUIRED PRIOR TO MOVING IN ANY PERSONAL ITEMS OR TAKING POSSESSION. Section 118.0 B.O.C.A.

AFTER READING AND COMPLETING ALL STEPS, PLEASE SIGN: \_\_\_\_\_

**IMPORTANT NOTICE**

The County of Crawford Building Department Inspectors, in accordance with the Code of the State of Michigan and the Ordinance of the County of Crawford, must inspect all building projects in the logical and sequential order in which they are listed below:

1. **Footing Inspection:** After footings are formed and before concrete is poured.
  - A. **Basement:** Requires footing inspection and basement wall inspection which is done after the blocks are laid and before backfilling.
2. **Rough Inspection:** Before walls are enclosed or insulated. Rough inspections by mechanical, plumbing and electrical inspectors must be complete and documented.
3. **Final Inspection:** When construction is complete and before building is occupied. Final inspections by mechanical, plumbing and electrical inspectors must be complete and documented.
4. **Accessory Buildings :** Requires inspections #1 and # 3 and/or more as required.

**A Temporary Certificate of Occupancy requires re-inspection of all corrections plus a re-inspection fee.**

**A Certificate of Occupancy must be issued before building is occupied.**

The owner/contractor has the responsibility to ensure that inspections are made when required and should inform any contractors involved of the inspection requirements.

**ALL re-inspections for Building, Electrical, Mechanical and Plumbing require payment of the fee for additional inspection prior to re-scheduling.**

The Crawford County Building inspector will make every effort to inspect your project in a timely manner. However, if it is not possible to inspect upon your immediate request and within your immediate time schedule, it does not mean that you may continue building.

**To continue building beyond an inspection level, prior to that inspection, will cause a STOP WORK order to be placed on your building project until that inspection can be properly performed.**

I have been informed of the above stated **Inspection Policy.**

\_\_\_\_\_  
Owner's \ Contractor's Signature

\_\_\_\_\_  
Date

# PROJECT SITE LOCATION DIRECTIONS

Please submit this information to assist staff in locating your project site. This will avoid delays in processing your inspections because staff cannot locate your project site. This page is in addition to the site location map.

## 1. LEGAL DESCRIPTION

Town	Range	Section	Township	Property Code Number
Legal Description				

## 2. ADDRESS INFORMATION

Property Address									
Where is address visible?	House		Garage		Mailbox		Sign		
Name of Access Road to Project:									
Road Type:	Paved		Gravel		Public		Private		Seasonal
Name of Nearest Crossroad:									
Distance to this Road ( in Miles and Tenths ):									

## 3. PHYSICAL DESCRIPTION

Is there a house or other building at the site visible from the road?		Yes		No			
What color is this house or building?							
What style of building is visible from the road?		Ranch		Gambrel		Cape Cod	
Chalet		Colonial		Garage		Pole Barn	Other
Are all of the corner stakes marked?			Yes		No		
If vacant, what is the closest visible address to property?							
If helpful, describe the best and nearest visible landmark to the project site							

Property Owner Signature: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Please add driving directions and/or legible map to the back of this sheet**

**APPLICATION FOR ZONING PERMIT**  
**DEPARTMENT OF BUILDING INSPECTION AND ZONING**  
**COUNTY OF CRAWFORD**

200 W. Michigan Avenue  
Grayling, MI 49738

Lovells and City of Grayling do their own zoning and you must contact them before applying for building permit.

Application is hereby made to: ( ) use, ( ) erect, ( ) repair, ( ) remodel, ( ) extend a structure located at:

Street Address, City, State & Zip Code.

Township: \_\_\_\_\_ T \_\_\_\_\_, R \_\_\_\_\_ Section \_\_\_\_\_.

Property Tax Code #: \_\_\_\_\_.

( ) Residence, ( ) Commercial, ( ) Other Use: \_\_\_\_\_.

Property Owners Name: \_\_\_\_\_.

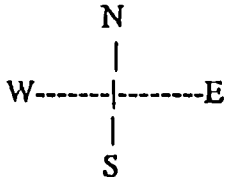
Mailing Address: \_\_\_\_\_.

In the space below show the boundaries, sizes of the premises, locations, and footages from all four lot lines to all existing and proposed buildings or structures to be erected or altered.

**PLOT PLAN**

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

Date: \_\_\_\_\_



# CRAWFORD COUNTY BUILDING AND ZONING DEPARTMENT

200 West Michigan Avenue

Grayling, Michigan 49738

Phone: 989-344-3233 Fax: 989-348-1016

Building Owner: \_\_\_\_\_ Builder Name \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Township \_\_\_\_\_  
 \_\_\_\_\_ Permit #: \_\_\_\_\_  
 General Building Description: \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## MUEC PRESCRIPTIVE COMPLIANCE APPROACH WORK SHEET

Rule	MINIMUM BUILDING ENVELOPE INSULATION CRITERIA	YES	NO
1074	WALL INSULATION <span style="float: right;">R-15</span>		
1076	ROOF / CEILING INSULATION <span style="float: right;">R-38</span>		
	SKYLIGHTS EQUAL TO 10% OR LESS ROOF CEILING AREA		
	R-VALUE OF SKYLIGHTS EQUAL TO SIDE WALL FENESTRATION R-VALUE		
1075	PERCENT OF FENESTRATION* (WINDOWS, DOORS, ECT.) <span style="float: right;">FENESTRATION R-VALUE</span>		
(1)	15% OR LESS OF GROSS WALL AREA* <span style="float: right;">RULE 1071 (7) R-1.9</span>		
(2)	OVER 15% <span style="float: right;">R-2.5</span>		
(3)	GREATER THAN 20% (REQUIRES TRADE-OFF OPTION) • <i>select one or more options</i>		
1083	<input type="checkbox"/> a) HIGH EFFICIENCY HVAC: 90% + WARM AIR FURANCE		
	12 + SEER AIR CONDITIONING		
	83% + HOT WATER BOILER		
	3.0 + COP GS HEAT PUMP SYSTEM		
	<input type="checkbox"/> b) HIGH-EFFICIENCY WINDOWS, DOORS: R-3.5		
	<input type="checkbox"/> c) WALL INSULATION: R-19		
	<input type="checkbox"/> d) BASEMENT INSULATION*: R-19		
	<input type="checkbox"/> e) AIR LEAKAGE CONTROLS*: (MAX. 0.50 ACH) <input type="checkbox"/> DOCUMENTATION <input type="checkbox"/> BLOWER DOOR		
	FOUNDATION INSULATION		
1077	FLOORS OVER UNCONDITIONED SPACES <span style="float: right;">R-30</span>		
1078	SLAB - ON - GRADE FLOORS* <span style="float: right;">UNHEATED R-5</span>		
	<span style="float: right;">HEATED R-10</span>		
1079	CRAWL SPACE WALLS* (SUPPORTING UN-INSULATED FLOOR) <span style="float: right;">R-5</span>		
1080	FINISHED LOWER LEVELS WALLS <span style="float: right;">R-5</span>		
1081	EXPOSED BASEMENT WALLS* IN EXCESS OF 7% GROSS WALL AREA <span style="float: right;">R-5</span>		

Builder Signature \_\_\_\_\_ License Number \_\_\_\_\_

**\* CLARIFICATIONS:**

- 1) Fenestration Area \_\_\_\_\_ sq.ft. = \_\_\_\_\_ X 100 = \_\_\_\_\_ % Fenestration Area  
 Gross Wall Area \_\_\_\_\_ sq.ft.
- 2) Gross Wall Area: Insulated wall area, including windows, doors, and opaque walls.
- 3) Basement Insulation: Interior or exterior application extending from top of wall to floor.
- 4) Air Leakage: Recessed lights to be "air tight" and labeled indicating compliance with state of Washington restricted air flow requirements.
- 5) Slab Insulation: Shall extend downward from the top of the slab for a minimum of 24 inches or downward to at least the bottom of the slab and then horizontally for a total of 24 inches.
- 6) Crawl Space Wall Insulation: Shall extend vertically from the top of the foundation wall and also extend at least 24 inches below grade, or a combined vertical and horizontal distant of 24 inches.
- 7) Exposed Basement Walls: Uninsulated exposed walls must be less than 7% of "Gross Wall Area".

**ELECTING A TRADE-OFF DOES NOT EXEMPT CONFORMANCE WITH OTHER REQUIREMENTS OF THE PRESCRIPTIVE APPROACH OR AIR LEAKAGE CONTROL REQUIREMENTS.**