

CITY OF CORUNNA 402 N. SHIAWASSEE ST. CORUNNA, MI 48817 PHONE: (989) 743-3650 EXT. 1 FAX: (989) 743-4417

inspection. Cancelled permits cannot be reinstated.

For inspections please call Bob Delany (989) 666-7031

PERMIT #:

DATE:

Prefab

Aluminum Wood

Masonry
SIDING/ROOFING
Vinyl

RECEIPT #:

BUILDING/ZONING PERMIT APPLICATION

Work started without a permit is a violation of city ordinance . Failure to obtain a permit will result in double permit fees being charged as per state law.

RESIDENTIAL MODULAR DOUBLE WIDE PERM POLE BARN GARAGE FOUNDATION ONLY COMMERCIAL		ADDITION	_
Incomplete applications will be rejected	An ordinance enacted pursuant to the Zoning		Corunna establishing
Name of Owner:	fees for the issuance of permits and the condu ordinances; effective date. The City of Corunn charged and collected by the Building Inspecto	a Ordains: FEES. The fo	llowing shall be
Address of Job:	TYPE OF PERMIT	COST	ITS TOTAL
Parcel Number:	Application Fee (non-refundable)	\$50.00 1	
	Zoning Review (drawing required)	\$40.00	
CONTRACTOR/HOMEOWNER INFORMATION	Rough Inspection	\$70.00	
Applicant:	Final Inspection Re-Inspection	\$70.00 \$70.00	
	Swimming Pool (above ground)	\$50.00	
Address:	Swimming Pool (below ground)	\$100.00	
	Residential - 5 day Demolition	\$150.00	
City/State/Zip:	(\$100 per additional day) Commercial/Industrial - 5 day Demolition	\$200.00	
Telephone Number (with area code)	(\$100 per additional day)		
Homeowner: Contractor:	Sign Permit (per \$1,000 construction value)	\$10.00	
Federal Employer Identification Number:	Sign Temporary	\$25.00	
	Replacement Windows, Roofing, Siding,		
Drivers License Number:	Misc.	\$50.00	
	(\$7 per each add'l. \$1,000 value)		
Workers Compensation/Disability Insurance Carrier:	Moving Structure Occupancy Permit	\$100.00	
M.E.S.C. Employer Number:	Variance Request	\$50.00 \$300.00	
M.E.S.C. Employer Number.	Special Land Use	\$400.00	
Builder's License Numebr:	Rezoning	\$400.00	
	Plan review - \$100 (1st hr.)	\$100.00	
Expiration Date:	(\$75 hr after)		
	Contractor Registration Fee	\$25.00	
Description of Work:	SQ. FOOT BUILDING DIMENTIONS Dwelling 1st Floor	Garage	
	Dwelling 2nd Floor	Other	
	unit that will be used to calculate constru CONSTRUCTION TYPE Decks/Porches	PER FOOT CALCU	
Estimated Value of Work:	Attached Garage		
\$	Detached Garage/Pole Barn		
Purposed Use:	Modular Homes on Fonundation (out	t of park)\$50.00 p	er sq. foot
	One or Two Family Residential	-	-
	A plan and zoning review may be require under 3,500 square feet are exempt from		ted. Only homes
Special Use Permit Granted Date:		•	
Variance Granted Date:	New Construction Building Permit fees sl the first \$1,000.00 of construction and \$7		
Rezoning Granted Date:	part thereof.		,
HOMEOWNERS AFFIDAVIT: I hereby certify that the building work	Calculated .	1 [
described above shall be installed by myself in my single family	Construction Value:	Fees: \$	
dwelling in which I live or am about to occupy. All work shall be	BUILDING TYPE	· · · · · ·	
installed in accordance with the Michigan State Building Code and will not be covered, enclosed or put into service until it has been	Frame	Masonry	
inspected and approved by a city inspector. I will cooperate with	Pole	Structured Steel	
the city and assume all responsibility to arrange for and obtain all	Reinforced Concrete	Other	
necessary inspections. SECTION 23a of the State Construction Codes	FOUNDATION		
Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.	Block	Poured Wall	
1523a of the Michigan Complied Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State	Wood	Trenched Footing	
relating to persons who perform work on, or construction of	Ratwall	Other	
residential buildings.	BASEMENT		
	Please check one and include dimen	sions:	
VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.	Walkoutx	Reg./Unfin.	х
	 Reg./Finx	Crawlspace	x
(Homeowners Signature) (DATE)	NUMBER OF ROOMS		
	# of rooms (excluding bathrooms & g	great rooms = 1)	
(Contractors Signature) (DATE)	# of bathrooms	# of bedrooms —	
EXPIRATION OF PERMIT: A permit remains vaild up to one year as work is	WINDOW INFORMATION		
progressing and inspections are requested and conducted. A permit shall	Brand		
become invalid if the authorized work is not commenced within six months	Double Hung	Slider	
after the 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	Casement	French Doors	
work. A permit will be cancelled when no inspections are requested and	Single Hung	Other	
conducted within six months of the date if issuance or the date of a previous	FIREPLACE		

APPROVED_____

DATE_____

T1-11 Brick	Other
TOTAL FEE TO BE PAID (CALCULATED BY STAFF	Ś