



Charter Township of Marquette
 1000 Commerce Drive, Marquette, Michigan 49855
 Phone: 906-228-6220 • Fax: 906-228-7337
 www.marquettetownship.org



Building Permit Application

**NOTE: This Application must be completed and submitted to the Marquette Township Offices*

1. LOCATION OF BUILDING					
Address:			Parcel/Property ID#:		
City, State, Zip:			Township / Range:	Section:	
			____ N / ____ W	52-08-____ - ____ - ____	
Between		Street		And Street	
2. IDENTIFICATION					
A. Owner or Lessee					
Name:			Phone Number:		
Address:		City:	State & Zip:	E-mail Address:	
B. Architect or Engineer (Leave Blank if None)					
Name:			Phone Number:		
Address:		City:	State & Zip:	E-mail Address:	
License Number:			Expiration Date:		
C. Contractor (Leave Blank if None)					
Name:			Phone Number:		
Address:		City:	State & Zip:	E-Mail Address:	
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					
3. TYPE OF IMPROVEMENT AND PLAN REVIEW					
A. Type of Improvement:	<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Premanufactured
	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Mobile Home Set-up	<input type="checkbox"/> Relocation	<input type="checkbox"/> State / <input type="checkbox"/> HUD
B. Estimated Cost of Construction:					
\$					

4. PROPOSED USE OF BUILDING

A. Residential

<input type="checkbox"/> One Family	<input type="checkbox"/> Hotel, Motel	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other
<input type="checkbox"/> Two or More Family	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Addition _____	_____

B. Non-Residential – Use Groups

<input type="checkbox"/> Assembly	<input type="checkbox"/> Educational	<input type="checkbox"/> Moderate Hazard Storage	<input type="checkbox"/> Business
<input type="checkbox"/> Institutional	<input type="checkbox"/> Utility or Miscellaneous	<input type="checkbox"/> Factory & Industrial	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Mixed Use – Non-Separated	<input type="checkbox"/> Mixed Use – Separated	<input type="checkbox"/> Low Hazard	<input type="checkbox"/> High Hazard

COMMERCIAL REMODELING OR INSTALLING A COMMERCIAL KITCHEN, BAR OR COFFEE SHOP

Nonresidential – Describe in detail the proposed use of the building, e.g. Food Processing Plant, Machine Shop, Laundry, School, Strip mall, Movie theatre, Medical office, Other medical use, Veterinary Clinic, Big box store, Other

If the existing use is being changed, enter the current use and the proposed use.

5. CHARACTERISTICS OF BUILDING

A. Principal Type of Frame

<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other
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B. 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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C. Secondary Type of Heating Fuel (If Applicable)

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

<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> None
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E. Type of Water Supply

<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> None
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F. Type of Mechanical

WILL THERE BE:	<input type="checkbox"/> Heating	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Elevator
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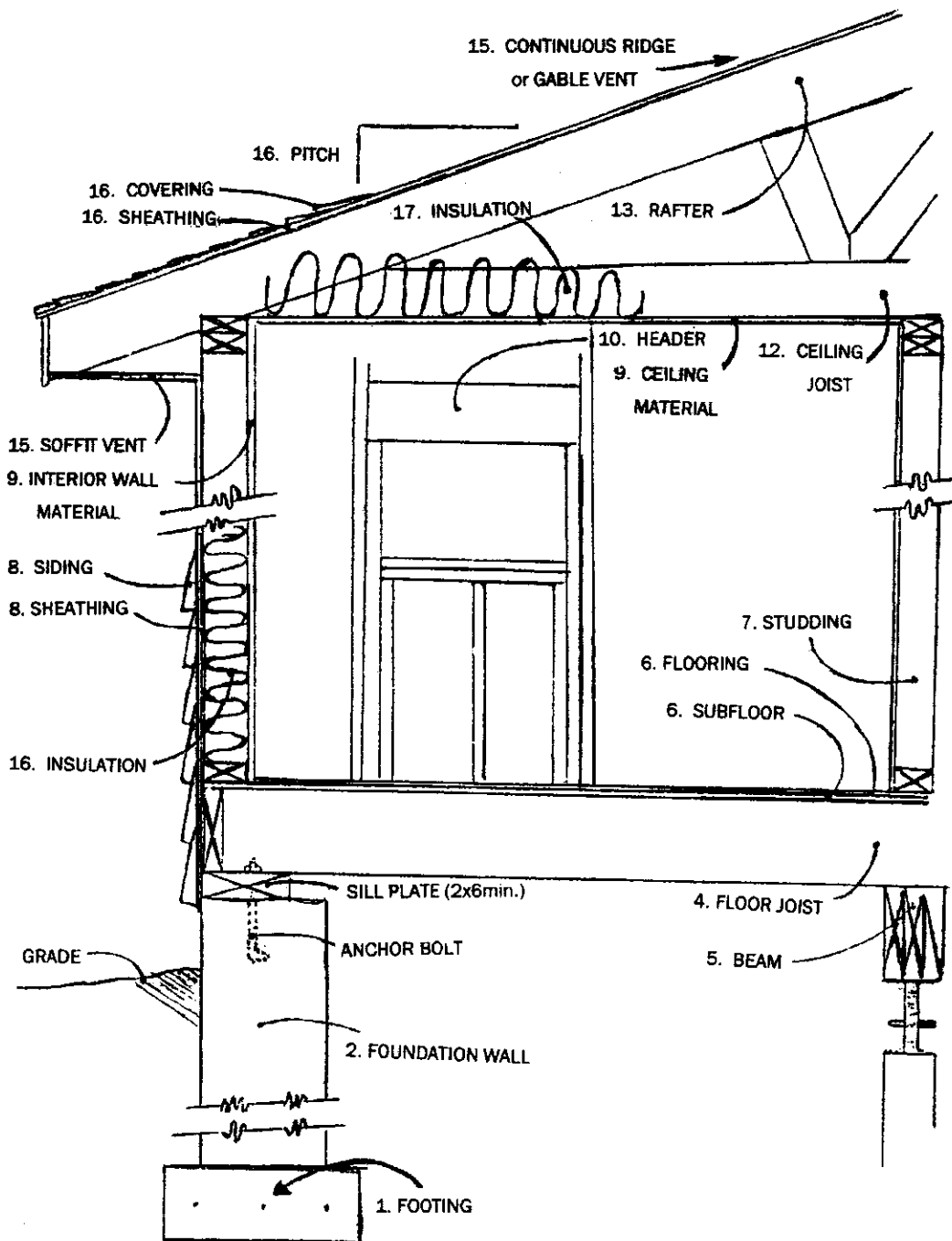
G. Electrical

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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H. Dimensions

<p>Number of Stories _____ (Including Lofts on Garages)</p> <p>Characteristics of Building Site: Are you within 500' of a lake, river or stream</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Total land area being disturbed, including lawn, driveway, and all other cleared areas: _____</p>	<p>What will basement be used for: (Check all that apply)</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Utility</p> <p><input type="checkbox"/> Sleeping</p> <p><input type="checkbox"/> Bathroom</p> <p><input type="checkbox"/> Office</p> <p><input type="checkbox"/> Other</p>	<p>Floor Area:</p> <p>Basement: _____</p> <p>1st & 2nd Floor: _____</p> <p>3rd – 10th Floor: _____</p> <p>Decks & Porches: _____</p> <p>Garage: _____</p> <p>Loft: _____</p> <p>Other: _____</p> <p>Total Area: _____</p>
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SINGLE FAMILY DWELLINGS & ADDITIONS SPECIFICATIONS



1. Footings: Width: ____" Depth ____" Rodded? ____
2. Foundation Wall: Material _____
Size: _____" Depth _____"
3. Number of crawl space vents/basement windows _____
4. Floor joists ____x____"s, ____ O.C. Span _____
5. Type of beam (if used) _____ Size _____
6. Subfloor material _____ Flooring _____
7. Studs: Size ____x____"s, ____" O.C.
8. Exterior sheathing _____ Exterior Siding _____
9. Interior wall & ceiling material _____
10. Header size: Window ____x____ Door ____x____
11. Height of bedroom window(s) from floor (to opening)

12. Ceiling joists: Size ____x____"s, ____ O.C. Span _____
13. Rafters: Size ____x____, ____"s, ____" O.C. Span _____
14. Engineered trusses? Yes _____ No _____
- NOTE: Spec Sheet must be provided prior to installing.**
15. Attic Designation: Storage _____ Non-Storage _____
16. Type(s) of venting _____
17. Roof: Pitch ____ Sheathing ____ Covering ____
18. Insulation thickness & material or R value:
Ceiling _____ Walls _____ Other _____
19. Floor plan: Include all room uses and sizes, and door and window types, sizes, and locations (may be sketched on back)
20. Additional Comments: _____

***LAMINATED HEADERS, BEAMS, TRUSSES, AND MANUFACTURED FLOOR SYSTEMS MUST BE ENGINEERED.**

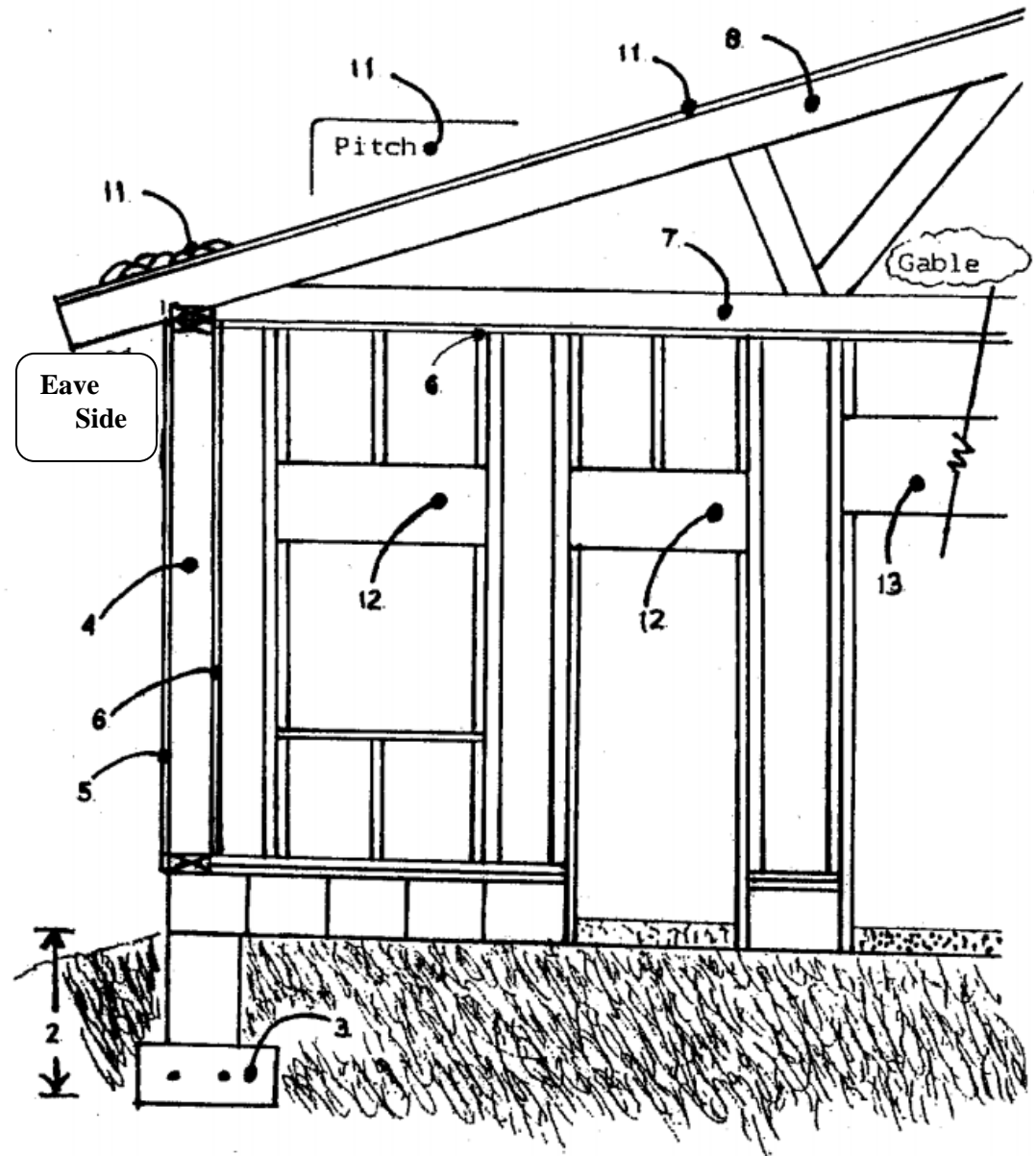
RESIDENTIAL GARAGES & ACCESSORY BUILDING
SPECIFICATIONS

1. Attached to dwelling? Yes _____ No _____
2. Foundation depth below finished grade _____
3. Well Drained Soil? Yes _____ No _____
Type of Soil _____
4. Footings: Width _____" Depth _____" Rodded? _____
*Frost footings required per MRC2009
5. Block Yes ___ No ____ . # of courses _____.
6. Studs: Size _____" x _____" s _____" (Stud Height) O.C. _____
7. Exterior sheeting: _____
8. Interior wall & ceiling material: _____
9. Ceiling joist: Size _____" x _____" s _____" O.C. Span _____
10. Rafters: Size _____" x _____" s _____" O.C. Span _____
11. Engineered Trusses? Yes _____ No _____

NOTE: Spec sheet must be included with application for plan review.

12. Attic Designation: Storage _____ Non-Storage _____
13. Roof: Pitch _____ Sheeting _____ Covering _____
14. Header Size: Windows _____ - _____" x _____" s Span _____'
NOTE: Location of header? Eave Side _____ or Gable _____
15. Header size: Man door _____ - _____" x _____" s Span _____'
NOTE: Location of header? Eave Side _____ or Gable _____
16. Header size: Garage door _____ - _____" x _____" s Span _____'
NOTE: Location of header? Eave Side _____ or Gable _____

Additional Comments: _____



***LAMINATED HEADERS, BEAMS AND TRUSSES MUST BE ENGINEERED.**

****SPEC SHEET MUST BE INCLUDED WITH APPLICATION FOR PLAN REVIEW.**