

Mail application and check to the City of New Buffalo

224 W Buffalo St. New Buffalo, MI 49117

SAFEbuilt, INC.
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EMAIL: athensmi@safebuilt.com

INSPECTION SCHEDULING: 877-721-9266
Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit cannot be issued

Permit # _____
Fee _____
Method of Payment _____
Receipt # _____

ALL PERMITS: ADD 5% MUNICIPALITY PROCESSING FEE
MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF NEW
BUFFALO

BUILDING PERMIT & PLANS EXAMINATION APPLICATION

I. Project Information					
JOB Address			Name of Owner		
Name of City, Village or Township in which job is located: (x) City () Village () Township OF: New Buffalo				County	Zip Code
Between			And		
II. Identification					
A. Owner or Lessee					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
B. Contractor					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
Builders License #		Expiration Date	Federal Employer ID # (or reason for exemption)		
Workers Comp Insurance Carrier (or reason for exemption)			MESC # (or reason for exemption)		
C. Architect or Engineer					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
License #		Expiration Date			
III. Type of Improvement					
<input type="checkbox"/> New Only	<input type="checkbox"/> Addition	<input type="checkbox"/> Interior Alteration/Remodel	<input type="checkbox"/> Exterior Alteration/Remodel	<input type="checkbox"/> Metal Roofing Only	<input type="checkbox"/> Foundation
<input type="checkbox"/> Siding Only	<input type="checkbox"/> Mobile Home/Pre-manufactured	<input type="checkbox"/> Roofing Re-Deck & Shingles	<input type="checkbox"/> Roofing Shingles Only	<input type="checkbox"/> Demolition	<input type="checkbox"/> Special Inspection
IV. Proposed Use of Building					
A. Residential					
<input type="checkbox"/> One Family Home Ground)	<input type="checkbox"/> Two Family Home	<input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>	<input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u>	<input type="checkbox"/> Pool(Above/Below	<input type="checkbox"/> Other _____
<input type="checkbox"/> More than Two Family Home	<input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u>				
B. Non-Residential					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Industrial	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Public Utility	<input type="checkbox"/> School, Library, Educat.	<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Tanks, Towers	<input type="checkbox"/> Other _____

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Non-Residential: 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 Foundation and Frame

Foundation: ☐ Basement Pour/Block (Circle One) ☐ Crawl Space Pour/Block (Circle One) ☐ Piers ☐ Other _____
 Frame: ☐ Masonry ☐ Wood ☐ Structural Steel ☐ Reinforced Concrete ☐ Other _____

B. Principal Type of Heating Fuel

☐ Gas ☐ Oil ☐ Electricity ☐ Coal ☐ Other _____

C. Type of Sewage Disposal

☐ City Sewer ☐ Septic System

D. Type of Water Supply

☐ City Water ☐ Private Well or Cistern

E. Type of Mechanical

Will there be Air Conditioning? ☐ Yes ☐ No Commercial Question: Will there be Fire Suppression? ☐ Yes ☐ No
 Will there be a fire place? ☐ Yes ☐ No Will it be masonry? ☐ Yes ☐ No Type of fuel burned in fire place: ☐ Wood ☐ Gas

F. Dimensions/Data (Include only project dimensions of altered, remodeled or new square footage)

Will any part of the basement be finished? ☐ Yes ☐ No If so, how much? _____ Square Feet

Number of Stories _____

NEW OR REMODELED OR ALTERED PROJECT INFORMATION

Height of Project _____	Project Length _____	Project Width _____	Square Feet _____
<u>Circle One</u>			
No. of Bedrooms _____ (New/Altered)	Basement Area _____		
	1 st Floor Area _____		
No. of Full Baths _____ (New/Altered)	2 nd Floor Area _____		
	3 rd Floor & Above _____		
No. of 1/2 Baths _____ (New/Altered)	Outbuilding/Other _____		
	Deck/Porch (Attached/Detached) _____		
	Garage (Attached/Detached) _____		
	Total Sq. Ft. _____		

G. Number of Off Street Parking Spaces FOR COMMERCIAL USE ONLY

Enclosed _____ Outdoors _____

VI. Applicant Information

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

Name	Address	City
State, Zip Code	Telephone (including area code)	Federal Employer ID# (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/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. I will cooperate with the Building Inspector and assume responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT:

DATE:

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VII. Local Government Agency to Complete This Section					
ENVIRONMENTAL CONTROL APPROVALS					
	Required	Approved	Date	Number	By
Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No				
VIII. Validation-For Department Use Only					
Use Group _____		Review to be Performed _____			
Type of Construction _____		Number of Inspections _____			
Square Feet _____		Bldg Permit Fee _____ Plan Exam Fee _____			
Type of Foundation _____					
Approval Signature: _____					
Title _____			Date _____		

THIS APPLICATION IS FOR BUILDING PROJECTS – BOTH RESIDENTIAL AND COMMERCIAL

ISSUED PERMITS EXPIRE 180 DAYS FROM THE ISSUED DATE. NO REFUNDS WILL BE GIVEN FOR EXPIRED PERMITS. AN ADMINISTRATIVE FEE OF \$75.00 AS WELL AS THE APPLICATION FEE AND COST OF PLAN REVIEW (IF APPLICABLE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS OR APPLICATIONS.

BUILDING PERMIT FEES ARE CALCULATED BY THE BUILDING INSPECTOR.

REINSPECTIONS OF DOCUMENTED CODE VIOLATIONS ARE SUBJECT TO A \$100.00 REINSPECTION FEE - PAYABLE PRIOR TO SCHEDULING THE REINSPECTION

MAKE CHECK PAYABLE TO CITY OF NEW BUFFALO

RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY.