

CITY OF ST. CLAIR

547 N. Carney
St. Clair, Michigan 48079

Office 810-329-7121
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www.cityofstclair.com

BUILDING PERMIT APPLICATION INSTRUCTIONS & GUIDELINES

- 1) Apply for a Building Permit **BEFORE** beginning any work. Please allow a minimum of 10 days for processing of permits.

Items required for processing of new construction permits:

- a) Two (2) sets of prints
- b) Site Plan Drawing
- c) Soil erosion permit from the St. Clair County Road Commission (if applicable)
- d) Survey of Property
- e) Completion of Permit Application
- f) Proof of Ownership – copy of deed or property transfer affidavit

Permits dealing with commercial construction require ALL contractors to be licensed with the State of Michigan.

- 2) Upon receiving Building Permit, **READ THOROUGHLY**. Permit will advise applicant of required inspections and all necessary additional permits. **NOTE: It is the applicant's responsibility to request all inspections at least 24 hours in advance.**
- 3) Obtain rough plumbing, electrical and mechanical inspections before requesting a rough building inspection.
- 4) The following items are required **BEFORE** occupying a residential structure:
 - a) Final plumbing, mechanical and electrical inspections
 - b) Final Building inspection with a minimum of the following items complete:
 1. Steps installed at front and rear exits if the grade is below more than 8”.
 2. Installation of an on-site parking area.
 3. Completion of at least one full bath.
 4. Final floor coverings on ALL floors which are accessible to water contamination (i.e. baths, kitchens, utility or laundry rooms) including all floor moldings in these rooms
 5. Installation of interior doors on ALL occupied bedrooms and working baths.
 6. Handrails on ALL stairs which rise more than 30” from the floor below.
 7. Finished countertops and sinks in kitchens and working baths.
 8. Any other items the building inspector deems necessary for peculiarities of a particular structure and/or area.
 9. Prior to issuance of a certificate of occupancy the applicant shall have the building location and elevation verified by the surveyor or engineer responsible for the original site plan and notify the Zoning Administrator in writing of this verification.

NOTE: Any persons guilty of occupying a structure without complying with the above mentioned requirements will be served with a court appearance ticket punishable by the local District Court, with each day in residence being a separate offense.

**City of St. Clair
Building Department**

City Of St. Clair

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Building Permit Application

Permit #

1. Job Location

Street No. & Name	Zoning District	Lot Size
Location: (Show Cross Streets) Between _____ and _____	Subdivision	Lot #

2. Type & Cost Of Building

A. Type of Improvement <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> Foundation Only	B) Proposed Use: Residential: <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family-enter number of units _____ <input type="checkbox"/> Carport units <input type="checkbox"/> Garage - Attached _____ Detached _____ <input type="checkbox"/> Other Non-Residential: <input type="checkbox"/> Amusement, Rec. <input type="checkbox"/> Church, other religious(<input type="checkbox"/> Service Station/Gar. <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> <input type="checkbox"/> OFFICE, Bank, Prof.(<input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Other <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other	
C) Ownership <input type="checkbox"/> Private (individual, corp., non-profit org., ect.) <input type="checkbox"/> Public (Federal, State, or local Gov't.)	D) Cost 1) Electrical..... _____ 2) Plumbing..... _____ 3) Mechanical hgt/a/c _____ 4) Other..... _____ 5) TOTAL COST OF IMPROVEMENT..... _____	E) Non-Residential: Please describe in detail proposed use of building _____ _____ _____

3 SELECTED 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"/> Other: _____	B) Principal Type Of Heating Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Geothermal <input type="checkbox"/> Wood/ Coal (<input type="checkbox"/> other _____	C) Residential Buildings Only 1) Number of bedrooms..... _____ 2. Number Of bathrooms..... _____ Full _____ Partial _____
D) Type of Sewage Disposal 1) Public or Private Co. _____ 2) Private (septic tank, ect.) _____	E) Type of Water Supply 1) Public or Private Co. _____ 2) Private Well _____	F) Type of Mechanical 1) Will there be central air conditioning yes no 2) Will there be an elevator yes no

4. IDENTIFICATION (TO be completed by all applicants)

Homeowners's Information

Owners Name		
Adress (Street No. & Name)	City	State & Zip
Telephone No:	Cell or Alternate No:	Notes:

I hereby certify the construction work described on the above referenced "Application For Plan Examination and Building Permit" will be for my use or occupancy and will be located on the property designated in Section one of the application, which is owned by me.

I further certify said work will be done by me. I will assume responsibility for the work and bear responsibility for compliance with all applicable laws and regulations affecting this work.

I hereby certify the information contained in the above referenced " Application for Plan Examination and Building Permit" and this certificate is true and correct to the best of my knowledge.

Signature of Homeowner

Date

Contractor Information

Contractor Name	State Contractor Lic. No.	Expiration Date
Address (Street No. & Name)	City	State & Zip
Telephone No.	Federal Employer I.D. No. (or reason for exemption)	
Workers Comp. Ins. Carrier-or reason for exemption	M.E.S.C. Employer Number-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 and building codes of this jurisdiction. "Section 23A of State Construction Codes Act of 1972, act No.230 of public Act of 1972, Begin Section 125.152A of the Michigan Compiled Laws, prohibits a person from conspiring to conspiring to circumvent the Licensing Requirments of the State, relating to persons who perform work on residential buildings or a residential structure. Violators of Section 23A are subject to civil fines."

Signature of Contractor

Date

5. SITE OR PLOT PLAN - (For applicant use)