## Building Permit Application Instructions & Guidelines

## **Instruction and 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
- 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 licenses 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, mechanical and electrical 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 completed:
    - 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
    - 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 a surveyor or engineer responsible for the original site plan and notify the Zoning Administrator in writing of 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 547 N. Carney Drive St. Clair MI 48079

810-329-7121

## **Building Permit Application**

1. JOB LOCATION	
Street Number & Name	
Cross Streets, between	and
Zoning District	Subdivision & Lot #
2. TYPE AND COST OF B	UILDING
A. Type of Improvement	<ul> <li>New Building ☐ Addition ☐ Alteration ☐ Demolition</li> <li>Moving ☐ Foundation Only</li> </ul>
B. Proposed Use Residential	☐ One Family ☐ Two or More Family, number of units ☐ Garage, Attached ☐ Garage, Detached
Proposed Use Non-Residential	☐ Amusement, Recreation ☐ Church/Religious ☐ Service Station/Garage ☐ School/Library/Other ☐ Stores/Mercantile ☐ Office/Bank/Professional ☐ Industrial ☐ Parking Garage ☐ Public Utility ☐ Tanks/Towers ☐ Other
C. Ownership	Private (individual, corporation, non-profit, etc)
D. Cost	Building Plumbing
	Electrical Other:
	Mechanical (heat/a.c.) Total Cost
E. Non-Residential: Please describe, in detail, proposed use of building	
3. SELECTED CHARACTE	RISTICS OF BUILDING
A. Principal Type of Frame	☐ Masonry (wall bearing) ☐ Wood Frame ☐ Structural Steel ☐ Other
B. Principal Type of Heating	Fuel Gas Oil Electricity Geothermal Wood/Coal Other
C. Residential Buildings Onl	y # of Bedrooms # of Full Bathrooms # of Partial Bathrooms
D. Type of Sewage Disposal	Public or Private Company Private (septic tank, etc)
E. Type of Water Supply	☐ Public or Private Com ☐ Private Well
F Type of Mechanical	Central air conditioning?  Ves No Flevator?  Ves No

Homeowner's Name (Print)			,							
Address			City				State		Zip	
Telephone	Alternate Telephon	ne		Email						
I hereby certify the construction for my use or occupancy and w certify that said work will be do applicable laws and regulations for Plan Examination and Building	vill be located on the prope one by me. I will assume r s affecting this work. I her	erty designated in esponsibility for eby certify that t	n Section the work he inforn	1 of the and bear	Applicatio responsik ntained in	n, wh pility f the a	ich is ov or comp bove re	vned b oliance	y me. I with al	furthei
Signature					D	ate				
. CONTRACTOR INFOR	MATION									
ontractor's Name										
Address			City				State		Zip	
elephone	Alternate Telephone			Employ	er ID Num	ber*				
Vorkers Comp Insurance Carrier*	•	N	1ESC Emp	oloyer Nu	mber*					
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