Building Permit Application Village Of Dansville 1360 Mason Street PO Box 236 Dansville ML 48819-0236

		PO Bo	ox 236					
Building Inspector Dansville			I 48819-02	36				
Mike Stolz	IIKE STOIZ							
(517)604-0696		(317) 0.	23 0717					
Authority: 1972 PA 230 Penalty: Failure to provide	the information may result in deni	al of your request.						
Project or Facility Info	mation							
PROJECT NAME			ADDRESS					
			CITY		ZIP CO	DE		
			'					
Applicant								
NAME			E-MAIL					
ADDRESS	CITY		STATE	ZIP CODE	TELEPHONE NUMBER (Incl	ude Area Code)		
Owner or Lessee	<u>l</u>							
NAME			ADDRESS					
CITY			ZIP CODE		TELEPHONE NUMBER (Include Area Code)			
Signature	<u> </u>		ļ					
	L INFORMATION SUBMITT E WITH MCL 125.1510(2).	ED ON THIS APPLICA	TION IS ACCU	RATE TO THE B	EST OF MY KNOWLED	GE. I FURTHER		
	e construction code act of state relating to persons w	ho are to perform wor		ial building or a				
SIGNATURE			DATE		ESTIMATED PRO - \$	NECT COST		
CERTIFICATE OF OCCUPANCY (\$50.00 FEE) YES NO	BUILDING PERMIT FEE ENCLOSE (The first \$100.00 of an application non-refundable)	n is						
	For Department U	se Only		•	Validation			
USE GROUP								
TYPE OF CONSTRU SQUARE FEET APPLICATION FEE	JCTION(non-refundable) \$							
CERTIFICATE OF C	OCCUPANCY YES E \$							
APPROVAL SIGNA	TURE	· · · · · · · · · · · · · · · · · · ·						
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Contracto	r 🗆 Homeown	er 🗆				
NAME			ADDRESS			
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)	
BUILDERS LICE	NSE NUMBER		<u> </u>		EXPIRATION DATE	
EEDED AL EMBLIS	0)/50 10 111111550 /		Iwonyspa coup w	OUDANIOE GARRIER /		
FEDERAL EMPL	LOYER ID NUMBER (or r	eason for exemption)	WORKERS COMP IN:	SURANCE CARRIER (C	or reason for exemption)	
UNEMPLOYMEN	NT INSURANCE AGENC	Y EMPLOYER ACCOUNT NUMB	ER (or reason for exemption)			
			Type of Improvem	ent		
☐ NEW BUILDING	ALTERATION	☐ DEMOLITION	☐ FOUNI	DATION ONLY	RELOCATION	
☐ ADDITION	REPAIR	Other	☐ PREM	ANUFACTURE	☐ SPECIAL INSPECTION	
2 sats -f	matmatic - 1	nants and a DDE Ell	Plan Review R re required with each ap	-	it	
construction the Michigan Examination Examination of the School Site of the Construction of the Constructi	on cost. an Building Code ination, the appro Review Number Plan Review Nu B-Buildings Reg	e, 2 sets of construction operate fee, and approvember (if different)ulated by the Michigar EE FAMILY TOWNHOUS	n documents must be sulted before a building per	omitted with a smit can be issue	ed.	
Building	s Regulated by the	e Michigan Building Co	de			
_	MBLY (THEATRES, ETC			☐ (M) ME	RCANTILE	
(A-2) ASSEI	MBLY (RESTAURANTS,	☐ (H-2) HIGH HAZARD	(DEFLAGRATION)	☐ (R-1) R	RESIDENTIAL 1 (HOTELS, MOTELS)	
(A-3) ASSEI	MBLY (CHURCHES,	☐ (H-3) HIGH HAZARD	(COMBUSTION)	☐ (R-2) R	RESIDENTIAL 2 (MULTIPLE FAMILY)	
(A-4) ASSEI	MBLY (INDOOR SPORT	S, (H-4) HIGH HAZARD	(HEALTH HAZARD)	☐ (R-3) R	RESIDENTIAL 3 (1 & 2 FAMILY)	
(A-5) ASSEI	MBLY (OUTDOOR SPOR	RTS, (H-5) HIGH HAZARD	(HPM)	☐ (R-4) R	RESIDENTIAL 4 (ASSISTED LIVIN\G)	
☐ (B) BUSIN	ESS	☐ (I-1) INSTITUTIONAL	1 (SUPERVISED)	☐ (S-1) S	TORAGE 1 (MODERATE HAZARD)	
(E) EDUCA	ATION	☐ (I-2) INSTITUTIONAL	2 (HOSPITALS ETC.)	☐ (S-2) S	TORAGE 2 (LOW HAZARD)	
☐ (F-1) FACT	ORY (MODERATE HAZA	RD) (I-3) INSTITUTIONAL	3 (PRISONS ETC.)	☐ (U) U1	TILITY (MISCELLANEOUS)	
☐ (F-2) FACT	ORY (LOW HAZARD)	☐ (I-4) INSTITUTIONAL	4 (DAY CARE ETC.)			
	FIRE SUPPRESSION?	☐ YES ☐ NO				-
		ctural Elements) 3HR 🔲 1B - N	on Combustible (Rated Structural El	lements) 2HR 🔲 2A -	Non Combustible (Rated Structural Elements) 1HR	
			n Combustibles (Exterior Walls Only		on Combustible (Bearing Walls Rated)	
4 - Heavy T	` _	Combustible (Structural Elements		Combustible (All Element		
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C. Dimensions / Da	ata					
FLOOR AREA: EXIS	STING	ALTERATION	ONS	NEW		
BASEMENT						
1ST & 2ND FLOOR						
3RD FLOOR & ABOVE						
TOTAL AREA BCC-324 (7/19) Page 2						
200 024 (1710) 1 ago 2		Site or Plo	Plan - For Applicant	Use		
		Local Governmenta	I Agency to Complete	This Section		
			TAL CONTROL APPR			
	REQUIRED?	APPROVED	DATE	NUMBER	ВУ	l
A 7		ATTROVES	DATE	HOMBER	5.	
A - Zoning	☐ Yes ☐ No ☐ NA					ļ
B - Fire District	☐ Yes ☐ No ☐ NA					
C - Health Department	☐ Yes ☐ No ☐ NA					
E - Soil Erosion	☐ Yes ☐ No ☐ NA					
F - Flood Zone	☐ Yes ☐ No ☐ NA					
					d work. A site plan showing to premises. shall be submitted	
					A permit shall become inval	
					abandoned for a period of 18	
					D CONDUCTED WITHIN 18	
OF THE DATE OF	FISSUANCE OR THE DAT		OSED PERMIT IS \$100		UNDED. THE CHARGE TO) KE-
		OI LIVA OL	COLD I EKWIT 10 WIO	5.00.		
General: Building v	vork shall not be started unt	il the application for per	mit has been filed with	the Bureau of Construction (Codes. All installations shall	be in
conformance with the	e Michigan Building Codes.	No work shall be cond	ealed until it has beer	n inspected. When ready f	or an inspection, call the	
					r. Schedule permitting, ins ly perform the inspection v	
	nspection request within A his or her schedule perm		темите ите търесиоп.	The moperior will typical	ıу ретоти ше ш ѕрес иоп V	wicilifi T