

Building Permit Application

Village of Dryden • 5602 Main Street • Dryden, MI 48428 Phone: 810.796.2291 • Fax: 810.796.3618

Job Site				_ 1	٧	S	Е	W	Side of Road
Cross Roads			and						
Parcel I.D. #									
Permit To:	□ New	☐ Alter/Remodel	☐ Demo/Raz	е			Code	e Com	pliance
	☐ Other (desc	cribe):							
Permit To:	☐ Single-Fami	ily Dwelling	☐ Single-Family w/	☐ Single-Family w/Attached Garage					
	☐ Addition		☐ Attached Garage	Э	□ Detached Garage			•	
	□ Multi-Family	/	□ Deck/Porch		☐ Pre-Manufactured			ufactured	
	☐ Garage w/Bi	•	☐ Sign			١	□ P	ool	
	☐ Commercial	/Industrial	☐ Other						
Permit To:									
Foundation Type		Construction Info					-	ed Pe	
☐ Basement Bloc		1st Floor Sq. Footage			□ Septic				
☐ Basement Was		Dimensions Deck Square Footage			□ Sewer□ Driveway				
□ Basement Woo□ Reinforced Mat		Accessory Building						-	on
☐ 42" Pole Footin		Building Height	-						n
☐ Crawl Space Bl		Living Area Sq. Ft.							
☐ Crawl Space W		Garage Sq. Ft.							
☐ Piers	-	Number of Stories							
□ OTHER		Number of Bedroor							
		Number of Bathroo		Fsti	ima	ted \	אַנווב/י	of Co	nstruction:
		Masonary Fireplace	e						
		Masonary Exterior	Finishes	\$_					
Commercia	al Square Footag	je		ccupan	cy L	oad			
		CONTINUE APPL	ICATION ON NEXT F	PAGE▶	▶ 1	>			
_		BOX BELOW F	OR OFFICE USE ONL	.Υ					
Plan Review		C	Date	^	No.	of In	spect	ions _	
Use Group		C	Construction Type	(Осс	upar	ncy Lo	oad	
PERMIT APPROVED BY:			C	OATE: _					
Remarks									

NOTICE

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN THIS PERMIT WITHIN SIX (6) MONTHS OF THE APPLICATION DATE OR THE PRINT(S) AND APPLICATION WILL BE DISCARDED. ARRANGEMENTS MAY BE MADE FOR SPECIAL CIRCUMSTANCES.

PL	.EASE	INITIAL	

	Due to the potential for a utility hazard, the following information MUST be provide	ded:
1.	Will footings be trenched near poles, guy wires, anchors? ☐ YES	□ NO
2.	Will any structure be built under or near overhead lines? ☐ YES	□ NO
3.	Are there any overhead or underground wires on site? YES	□ NO
4.	Will any wells be drilled under or near overhead wires? ☐ YES	□ NO
5.	Will any antenna be erected on the property which would be in conflict with power lines in a standing or free falling situation? ☐ YES	□ NO
6.	Will any trees be cut which are in proximity of overhead wires? ☐ YES	□ NO
	If you answered Yes to any of the above questions, you must contact your local utility company.	
•	THE PROPERTY OWNER OR CONTRACTOR COULD HAVE PERSONAL LIABILITY IN THE OF INJURY OR FATALITY INVOLVING CONSTRUCTION CLOSE TO EDISON LINES.	E EVENT

 NORMAL LEAD TIME REQUIRED TO RELOCATE EDISON FACILITIES, OR PROVIDE A LINE EXTENSION IS SIX (6) WEEKS AFTER ALL RIGHT-OF-WAY OR OTHER AGREEMENT AND ANY PAYMENTS HAVE BEEN FINALIZED WITH THE PROPERTY OWNER.

THE PROPERTY OWNER OR CONTRACTOR MUST CONTACT MISS DIGG 1-800-482-7171

BEFORE EXCAVATING.

The Detroit Edison Company maintains electric distribution facilities in this area.

They will provide electric service subject to the rules of the

Michigan Public Service Commission

in effect at that time.

PROPERTY OWNER INFORMATION	(please print)		
Property Owner Name		Phone ()
Current Address	City	State	Zip
Owner Driver's License #		or Date of Birth	
Property Owner Affidavit: I hereby accordance with the State Code and sha and approved by the inspector. I will coonecessary inspections.	all not be enclosed, covered u	up, or put into operation	on until it has been inspected
Section 23a of the State Construction 125.1523a of the Michigan Compiled I requirements of the state relating to particular. Violators of Section 23a are	Laws, prohibits a person froersons who are to perform	om conspiring to ci	rcumvent the licensing
Property Owner's Signature		Date	
CONTRACTOR / AGENT INFORMATI	ON (please print)		
Contractor Name on License		Phone ()
Contractor License Number		Expiration [Date
Current Address	City	State	Zip
Federal I.D. Number (or reason for exen	nption)		
Workman's Comp. Carrier (or reason fo	r exemption)		
MESC Number (or reason for exemption	າ)		
Contractor Affidavit: I hereby certify his authorized agent, and we agree to coall information on this application is accurate.	onform to all applicable laws o	f the State of Michiga	• •
Section 23a of the State Construction 125.1523a of the Michigan Compiled I requirements of the state relating to particular. Violators of Section 23a are	Laws, prohibits a person fro persons who are to perform	om conspiring to ci	rcumvent the licensing
Contractor's Signature		Date	
Print Name		Date of Birth	
ARCHITECT OR ENGINEER INFORM	ATION (please print)		
Name		Phone ()
Current Address	City	State	Zip
Signature		Date	

Plan Review Ledger

Plan Review Number _____

Date	Check No.	To	Туре	Amt.ofDeposit	Check	Balance
Comments						

Comments_	 	 	 	_
				_

Plan Review Checklist

	Initial	Revision #1	Revision #2
Approved Site Plan			
Building			
Barrier Free Design			
E lectrical			
Plum bing			
M echanical			
Underground (if applicable)			
Fire Suppression (if applicable)			