

# Mail application and check to the City of New Buffalo

SAFEbuilt, INC.  
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011  
 OFFICE: 269 -729-9244 FAX: 269-729-9254  
 EMAIL: [athensmi@safebuilt.com](mailto: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

<b>I. Project Information</b>					
JOB Address			Name of Owner		
Name of City, Village or Township in which job is located: <b>(x) City ( ) Village ( ) Township OF: New Buffalo</b>				County	Zip Code
Between _____			And _____		
<b>II. Identification</b>					
<b>A. Owner or Lessee</b>					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
<b>B. Contractor</b>					
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)		
<b>C. Architect or Engineer</b>					
Name		Address		City	
State, Zip	Telephone	Work/Cell Phone	Fax	Email	
License #		Expiration Date			
<b>III. Type of Improvement</b>					
<input type="checkbox"/> New	<input type="checkbox"/> Interior Alteration/Remodel	<input type="checkbox"/> Metal Roofing Only	<input type="checkbox"/> Foundation Only		
<input type="checkbox"/> Addition	<input type="checkbox"/> Exterior Alteration/Remodel	<input type="checkbox"/> Roofing Re-Deck & Shingles	<input type="checkbox"/> Demolition		
<input type="checkbox"/> Siding Only	<input type="checkbox"/> Mobile Home/Pre-manufactured	<input type="checkbox"/> Roofing Shingles Only	<input type="checkbox"/> Special Inspection		
<b>IV. Proposed Use of Building</b>					
<b>A. Residential</b>					
<input type="checkbox"/> One Family Home	<input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>	<input type="checkbox"/> Pool(Above/Below Ground)			
<input type="checkbox"/> Two Family Home	<input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u>	<input type="checkbox"/> Other _____			
<input type="checkbox"/> More than Two Family Home	<input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u>				
<b>B. Non-Residential</b>					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Service Station	<input type="checkbox"/> School, Library, Educat.			
<input type="checkbox"/> Church, Religion	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> Store, Mercantile			
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Tanks, Towers			
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Public Utility	<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
No. of Bedrooms	_____ ( <u>Circle One</u> ) (New/Altered)	Basement Area	_____	_____	_____
No. of Full Baths	_____ (New/Altered)	1 <sup>st</sup> Floor Area	_____	_____	_____
No. of 1/2 Baths	_____ (New/Altered)	2 <sup>nd</sup> Floor Area	_____	_____	_____
		3 <sup>rd</sup> Floor & Above	_____	_____	_____
		Outbuilding/Other _____	_____	_____	_____
		Deck/Porch (Attached/Detached)	_____	_____	_____
		Garage (Attached/Detached)	_____	_____	_____
<b>Total Sq. Ft.</b>					_____

**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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<b>VII. Local Government Agency to Complete This Section</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	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				
<b>VIII. Validation-For Department Use Only</b>					
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.**