



CITY OF CORUNNA
 402 N. SHIAWASSEE ST.
 CORUNNA, MI 48817
 PHONE: (989) 743-3650 EXT. 1
 FAX: (989) 743-4417

****For inspections please call
 Bob Delany (989) 666-7031****

DATE: _____
 PERMIT #: _____
 RECEIPT #: _____

BUILDING/ZONING PERMIT APPLICATION

Work started without a permit is a violation of city ordinance . Failure to obtain a permit will result in double permit fees being charged as per state law.

RESIDENTIAL _____ MODULAR _____ DOUBLE WIDE _____ PERMANENT MOBILE HOME _____ REMODAL _____ ADDITION _____
 POLE BARN _____ GARAGE _____ FOUNDATION ONLY _____ COMMERCIAL _____ DECKS/PORCHES _____ RELOCATION _____ OTHER _____

Incomplete applications will be rejected

Name of Owner:
Address of Job:
Parcel Number:

CONTRACTOR/HOMEOWNER INFORMATION

Applicant:
Address:
City/State/Zip:
Telephone Number (with area code)
Homeowner: _____ Contractor: _____
Federal Employer Identification Number:
Drivers License Number:
Workers Compensation/Disability Insurance Carrier:
M.E.S.C. Employer Number:
Builder's License Numebr:
Expiration Date:

Description of Work: _____

Estimated Value of Work: \$ _____

Purposed Use: _____

<input type="checkbox"/> Special Use Permit Granted	Date: _____
<input type="checkbox"/> Variance Granted	Date: _____
<input type="checkbox"/> Rezoning Granted	Date: _____

HOMEOWNERS AFFIDAVIT: I hereby certify that the building work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Building Code and will not be covered, enclosed or put into service until it has been inspected and approved by a city inspector. I will cooperate with the city and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125. 1523a of the Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

 (Homeowners Signature) (DATE)

 (Contractors Signature) (DATE)

EXPIRATION OF PERMIT: A permit remains valid up to one year as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after the issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date if issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

APPROVED _____

DATE _____

An ordinance enacted pursuant to the Zoning Ordinance of the City of Corunna establishing fees for the issuance of permits and the conduct of inspections; repeal of inconsistent ordinances; effective date. The City of Corunna Ordains: FEES. The following shall be charged and collected by the Building Inspector at the time of the issuance of the permit.

TYPE OF PERMIT	COST	NO. UNITS	TOTAL
Application Fee (non-refundable)	\$50.00	1	
Zoning Review (drawing required)	\$40.00		
Rough Inspection	\$70.00		
Final Inspection	\$70.00		
Re-Inspection	\$70.00		
Swimming Pool (above ground)	\$50.00		
Swimming Pool (below ground)	\$100.00		
Residential - 5 day Demolition (\$100 per additional day)	\$150.00		
Commercial/Industrial - 5 day Demolition (\$100 per additional day)	\$200.00		
Sign Permit (per \$1,000 construction value)	\$10.00		
Sign Temporary	\$25.00		
Replacement Windows, Roofing, Siding, Misc. (\$7 per each add'l. \$1,000 value)	\$50.00		
Moving Structure	\$100.00		
Occupancy Permit	\$50.00		
Variance Request	\$300.00		
Special Land Use	\$400.00		
Rezoning	\$400.00		
Plan review - \$100 (1st hr.) (\$75 hr after)	\$100.00		

SQ. FOOT BUILDING DIMENTIONS

<input type="checkbox"/> Dwelling 1st Floor	<input type="checkbox"/> Garage
<input type="checkbox"/> Dwelling 2nd Floor	<input type="checkbox"/> Other

Below is a list of common construction permit types, and the minimum building unit that will be used to calculate construction values:

CONSTRUCTION TYPE	PER FOOT CALCULATION
Decks/Porches.....	\$10.00 per sq. foot
Attached Garage.....	\$20.00 per sq. foot
Detached Garage/Pole Barn.....	\$20.00 per sq. foot
Modular Homes on Fonundation (out of park)...	\$50.00 per sq. foot
One or Two Family Residential.....	\$95.00 per sq. foot

A plan and zoning review may be required before work is started. Only homes under 3,500 square feet are exempt from plan review.

New Construction Building Permit fees shall be calculated as follows: \$50.00 for the first \$1,000.00 of construction and \$7.00 per thousand there after/or any part thereof.

Calculated Construction Value: \$ _____	Fees: \$ _____
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BUILDING TYPE

<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other

FOUNDATION

<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing
<input type="checkbox"/> Ratwall	<input type="checkbox"/> Other

BASEMENT

Please check one and include dimensions:

<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg./Unfin. _____ x _____
<input type="checkbox"/> Reg./Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____

NUMBER OF ROOMS

of rooms (excluding bathrooms & great rooms = 1) _____

of bathrooms _____ # of bedrooms _____

WINDOW INFORMATION

Brand _____

<input type="checkbox"/> Double Hung	<input type="checkbox"/> Slider
<input type="checkbox"/> Casement	<input type="checkbox"/> French Doors
<input type="checkbox"/> Single Hung	<input type="checkbox"/> Other

FIREPLACE

<input type="checkbox"/> Masonry	<input type="checkbox"/> Prefab
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SIDING/ROOFING

<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
<input type="checkbox"/> T1-11	<input type="checkbox"/> Brick	<input type="checkbox"/> Other

TOTAL FEE TO BE PAID (CALCULATED BY STAFF) \$ _____

