

Remit to:
Imperial Municipal Services
263 Northland Drive
Rockford, MI 49341
(616)863-9294 or 1-800-442-2794
Fax: (616)863-9298
E-mail: info@imsinspections.com

City of Cedar Springs
66 S Main St.
Cedar Springs, MI 49319
(616) 696-1330

RESIDENTIAL BUILDING PERMIT INFORMATION

The following materials and documents are **required** in order for you to obtain a Building Permit:

1. COMPLETED BUILDING PERMIT APPLICATION:

- A) MUST be completed IN FULL
- B) DETAILED SITE DIAGRAM - with setbacks; **front setbacks are measure from the road right of way, not from the edge of the asphalt or the center of the road.** Side and rear are measured from property lines to structures.

2. PROOF OF OWNERSHIP:

- A) A deed or land contract (must be notarized) for new homes. Property tax statement for garages, pole barns, residential additions, or pools.
- B) PERMANENT PARCEL NUMBER indicating that your parcel is split from any other non-vacant parcels. **MUST BE RECORDED WITH THE COUNTY AND LOCAL UNIT OF GOVERNMENT.**

3. SURVEY DRAWING OF JOB SITE.

4. **THREE** complete sets of Construction Plans, drawn to scale.

Plans MUST include:

- A. Foundations – show depth of footing.
- B. All significant elevations (side views).
- C. Floor plans for all floors, including basement.
- D. Cross-section of one wall from footing to peak.
- E. North elevation identified as (N).

5. WASTEWATER/WATER SUPPLY PERMIT:

This permit can be obtained from the Kent County Health Department, Environmental Health Division, 700 Fuller NE, Grand Rapids, MI 49505; Phone Number (616) 632-6900, or online at:

https://www.accesskent.com/Health/WellSeptic/pdfs/form_wastewater_permit.pdf

Note: the change of use form is required for all projects in Kent County that are exterior and interior that involves a bedroom or bathroom. Exception if on sewer, then change of use is not required.

(Note: There may be a fee associated with this permit)

6. HIGHWAY PERMIT:

This permit can be obtained from the Kent County Road Commission (616) 242-6920. The Road Commission will assign the permanent address.

7. TRUSS DIAGRAM:

Manufactured truss diagrams are required for any plans that call for engineered trusses. *These plans or Truss Data Sheet can be obtained from your truss supplier.*

8. ENERGY CODE CALCULATIONS:

State law requires a minimum level of energy efficiency in new residential structures. REScheck is available online at www.energycodes.gov or your lumber yard may be able to assist you with REScheck or another system that calculates the necessary insulation requirements.

YOUR COMPLIANCE REPORT MUST BE SUBMITTED AT THE TIME OF APPLICATION WHERE APPLICABLE. *Also need to include manual J and S as required by the 2015 residential energy code for new residences and additions.*

9. SOIL EROSION AND SEDIMENTATION POLLUTION CONTROL PERMIT:

State law requires that you obtain a Soil Erosion and Sedimentation permit if your job site is within 500 feet of a lake or stream, or if you will be clearing over 1 acre for a new job site. You may contact Kent County Road Commission at (616) 242-6910.

This information **MUST BE TURNED IN TO THIS OFFICE BEFORE A BUILDING PERMIT IS ISSUED as it applies to your project.**

Your Building Permit Application is subject to zoning approval based on local Zoning Ordinance provisions. Normally, a Building Permit may be obtained when all documents and materials are presented to the Building Inspector and zoning approval is granted.

Inspections in City of Cedar Springs are done on Monday, Wednesday, and Friday. It is the permit holder's responsibility to arrange for unobstructed access to the inspection address and accessible entrance when an inspection is scheduled to be performed. Days of inspection are subject to change without notice.

BUILDING PERMIT APPLICATION

Imperial Municipal Services
263 Northland Drive
Rockford, MI 49341
(616) 863-9294

*Separate applications must be completed for plumbing,
mechanical & electrical permits.*

City of Cedar Springs
66 S Main St.
Cedar Springs, MI 49319
(616) 696-1330

I. PROJECT INFORMATION

| | | | |
|-------------------------|---------------|--|--|
| PROJECT NAME | ADDRESS | | |
| BETWEEN | AND | | |
| PERMANENT PARCEL NUMBER | ZONE DISTRICT | | |

II. IDENTIFICATION

A. OWNER OR LESSEE

| | | | |
|------|---------|----------|--------------|
| NAME | ADDRESS | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER |

B. ARCHITECT OR ENGINEER

| | | | |
|----------------|-----------------|----------|--------------|
| NAME | ADDRESS | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER |
| LICENSE NUMBER | EXPIRATION DATE | | |

C. CONTRACTOR

| | | | |
|--|-----------------|----------|--------------|
| NAME | ADDRESS | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER |
| BUILDERS LICENSE NUMBER | EXPIRATION DATE | | |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION | | | |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION | | | |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION | | | |

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

| | | | | |
|---------------------------------------|-------------------------------------|---|--|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Repair | <input type="checkbox"/> Mobile Home Set Up | <input type="checkbox"/> Premanufactured | <input type="checkbox"/> Special Inspection |

B. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.

Plans are not required for alterations and repair work determined by the Building Inspector to be of a minor nature. Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission Number _____

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

| | | |
|--|---|--|
| <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Families No. of Units _____ | <input type="checkbox"/> Hotel, Motel No. of Units _____ <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage <input type="checkbox"/> Other _____ |
|--|---|--|

B. NON-RESIDENTIAL

| | | |
|--|---|---|
| <input type="checkbox"/> Amusement <input type="checkbox"/> Church/Religion <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Service Station <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility | <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Store, Mercantile <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other _____ |
|--|---|---|

NON-RESIDENTIAL-Describe in detail proposed use of building. If use of an existing building is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

Masonry, Wall Bearing
 Wood Frame
 Structural Steel
 Reinforced Concrete
 Other _____

B. PRINCIPAL TYPE OF HEATING FUEL

Gas
 Oil
 Electricity
 Coal
 Other _____

C. TYPE OF SEWAGE DISPOSAL

Public or Private Company
 Septic System

D. TYPE OF WATER SUPPLY

Public or Private Company
 Private Well or Cistern

E. TYPE OF MECHANICAL

Will there be Air Conditioning?
 Yes
 No
 Will there be Fire Suppression?
 Yes
 No

F. DIMENSIONS/DATA

| Number of Stories _____ | <u>FLOOR AREA:</u> | EXISTING | ALTERATIONS | NEW |
|---|--|----------|-------------|-------|
| Use Group _____ | Basement | _____ | _____ | _____ |
| Construction Type _____ | 1 st & 2 nd Floor | _____ | _____ | _____ |
| No. of Occupants _____ | 3 rd - 10 th Floor | _____ | _____ | _____ |
| Storage Space _____ <small>A minimum of 200 sq ft of enclosed storage is required for new homes. This may include basement, shed, garage, etc., but not closets.</small> | 11 th & above | _____ | _____ | _____ |
| | Total Area | _____ | _____ | _____ |
| Roof Pitch _____ | | | | |
| Length of Driveway _____ | | | | |

G. NUMBER OF OFF STREET PARKING SPACES

Enclosed _____
 Outdoors _____

VI. APPLICANT INFORMATION & FEE SCHEDULE

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 | PHONE NUMBER | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) | | | | |
| <p>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.</p> <p>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 relating to person who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.</p> | | | | |
| Signature of Applicant _____ | | | | |
| Zoning Approval _____ | | | | |
| ***Required prior to issuance of a building permit*** | | | | |

| Building Permit Fee Schedule | | |
|---|---------|--|
| <i>Approximate value of project:</i> | | |
| Base Fee for buildings up to \$1000 in value | \$50.00 | |
| For each additional \$100 in value (up to \$10,000) add | 1.00 | |
| Base fee for buildings over \$10,000 in value | 140.00 | |
| For each additional \$1000 in value add | 3.00 | |
| TOTAL | | |
| Additional inspections, reinspections or hourly inspections will be charged at a rate of \$50.00. | | |

MAKE CHECKS PAYABLE TO: IMS

IX. Instructions for Completing Application

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| <p>General: Work shall not be started until the application for permit has been approved. Work started without permit may be subject to double permit fees. All work shall be in conformance with the Michigan Building Code. When ready for an inspection, call Imperial Municipal Services at 1-800-442-2794 or 616-863-9294. The inspector will need the job location and permit number.</p> |
| <p>Expiration of Permit: A permit remains valid as long 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 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 CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.</p> |

| |
|---|
| <p>Authority: 1972 PA230 Completion: Mandatory to obtain permit Penalty: Permit can not be issued</p> |
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City of Cedar Springs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.