



**Mailing Address:**

**NCIS, LLC**  
PO Box 333  
White Cloud, MI 49349  
Phone 231-224-3960  
Fax 888-825-7654

**Jurisdictions: Make Checks Payable to Township or City not North Country!!**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dayton Township   | <input type="checkbox"/> Lincoln Township  | <input type="checkbox"/> City of Fremont     |
| <input type="checkbox"/> Everett Township  | <input type="checkbox"/> Sheridan Township | <input type="checkbox"/> City of Newaygo     |
| <input type="checkbox"/> Garfield Township |  | <input type="checkbox"/> City of White Cloud |
| <input type="checkbox"/> Lilley Township   |  |  |

Permit Fee: \$ \_\_\_\_\_ Use Group: \_\_\_\_\_ Type of Const: \_\_\_\_\_

**APPLICATION FOR PLAN REVIEW, BUILDING OR MOBILE HOME PERMIT**

*(All areas must be completed before a plan review can be obtained.)*

**LOCATION OF BUILDING**

Receipt No: \_\_\_\_\_

Permit No: \_\_\_\_\_

Job Location: \_\_\_\_\_ Township/City: \_\_\_\_\_

Nearest Cross Street <sup>Number</sup> \_\_\_\_\_ <sup>Direction</sup> \_\_\_\_\_ Parcel No: <sup>Street</sup> **62-** - - - Section: \_\_\_\_\_

Is the above property **lakefront?** Yes No **Within 500 feet** of a river, lake or drain? Yes No  
May Be Required to Identify Proper Parcel!

**APPLICANT**

|                                     |                            |
|-------------------------------------|----------------------------|
| Applicant: _____                    | <b>COST OF IMPROVEMENT</b> |
| PO Box/Suite No/Bldg. Name: _____   | Building \$ _____ .00      |
| Street Address: _____               | Electrical \$ _____ .00    |
| City: _____ State: _____ Zip: _____ | Mechanical \$ _____ .00    |
| Project Name: _____                 | Plumbing \$ _____ .00      |

**TYPE OF IMPROVEMENT**

1.  New Building 2.  Addition 3.  Alteration 4.  Repair, replacement 5.  Demolition  
 6.  Moving 7.  Foundation Only 8.  Change of Use from \_\_\_\_\_ to \_\_\_\_\_  
 9.  Other \_\_\_\_\_ 10.  Other \_\_\_\_\_

**PROPOSED USE-Residential-One and Two Family (check all that apply & include size/area of each use)**

1.  One family **or** 2.  Two family \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_ 3.  2nd Floor/Loft \_\_\_\_\_ sf.  
 4.  Basement \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_ 5.  Basement Finished \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_  
 6.  Deck \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_ 7.  Porch \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_  
 8.  Garage: Attached?  yes  no Type:  Conventional  Pole \_\_\_\_\_ x \_\_\_\_\_ , \_\_\_\_\_ x \_\_\_\_\_  
 9.  Carport \_\_\_\_\_ x \_\_\_\_\_ 10.  Roof System \_\_\_\_\_ x \_\_\_\_\_ 11.  Other *Specify* \_\_\_\_\_  
 12.  Modular 13.  Single Wide Mobile Home 14.  Double Wide Mobile Home  
 Size \_\_\_\_\_ x \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Serial No. \_\_\_\_\_

**-Nonresidential and Multi-Family Residential**

1.  Amusement, Recreational **A-1&4&5** 2.  Restaurant **A-2** 3.  Church, Other Religious **A-3**  
 4.  Business, Office, Bank **B** 5.  Educational, School, Library **E** 6.  Factory, Industrial **F-1&2**  
 7.  High Hazard **H-1-5** 8.  Institutional, Jail, Hospital **I-1-4** 9.  Mercantile, Store **M**  
 11.  Multi-Family, Hotel, Motel **R-1** 12.  Multi-Family, Dorms, Apartments **R-2**  
 13.  Storage, Warehouse **S-1&2** 14.  Tanks, Towers **U** 15.  Other *Specify* \_\_\_\_\_

**SELECTED BUILDING CHARACTERISTICS**

Total Sq. Ft. 1st Floor \_\_\_\_\_ Total Sq. Ft. 2nd Floor \_\_\_\_\_ Total Sq. Ft. Basement \_\_\_\_\_  
No. of Bedrooms \_\_\_\_\_ No. of Baths \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bldg: \_\_\_\_\_ No. of Units: \_\_\_\_\_

**OFFICIAL USE ONLY**

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Township/City: \_\_\_\_\_

**REQUIRED PERMITS AND CLEARANCES (refer to hand-out for additional information)**

1. TOWNSHIP/CITY ZONING OFFICIAL - Zoning Permit/Clearance (must return a copy with this application)

Required - Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. DRAIN COMMISSIONER - Soil Erosion Permit

Required - Contact: Mon. - Fri. 7:00-12:00 & 1:00-4:00 Telephone: (231) 689-7213

3. HEALTH DEPARTMENT - Sewage Treatment/Well/BPA (must provide a copy)

Required - Contact: Mon. - Fri. 8:00 - 4:00 Telephone: (231) 355-7537

4. MICHIGAN DEPARTMENT OF NATURAL RESOURCES - Floodplain/Wetland Construction Permit

Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (231) 456-5071

5. STATE DOT/COUNTY ROAD COMMISSION - Driveway Permit

Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (231) 689-6682

**IDENTIFICATION**

OWNER OR LESSEE: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Owner:  Lessee:

ARCHITECT OR ENGINEER: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ License No: \_\_\_\_\_ Expir. Date: \_\_\_\_\_

LICENSED CONTRACTOR: Name: \_\_\_\_\_ Bldg Dept ID No. \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ License No: \_\_\_\_\_ Expir. Date: \_\_\_\_\_

Worker's Disability Insurance Carrier (or reason for exemption): \_\_\_\_\_

Federal Employer Identification No. (or reason for exemption): \_\_\_\_\_

Michigan Employment Security Commission Employer No. (or reason for exemption): \_\_\_\_\_

**Note: Section 23a of the state construction code act of 172, Act No. 230 of the Public Acts of 1972, being sections 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.**

**APPLICANT AFFIDAVIT**

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Driver's License/Fed ID No.*