



Permit Number: _____	Date: _____
Zoning District _____	Payment Received: _____
Fee (Circle one) Permanent \$20    Temporary \$10	
Approved By: _____	

**Sign Permit Application**

Applicants Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicants Email Address \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Site Address (If Different) \_\_\_\_\_

Business Name \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Circle Sign Type    **WALL**    **POLE**    **PROJECTING**    **HANGING**    **MONUMENT**

If sign is temporary, how many days will it be projected? \_\_\_\_\_

Circle Purpose Type    **INSTITUTION**    **BUSINESS**    **DISPLAY**

Value of Sign \_\_\_\_\_    Height \_\_\_\_\_    Width \_\_\_\_\_

Set Back(s) \_\_\_\_\_

Height of Building (if applicable) \_\_\_\_\_

**\*\*ALL SIGN PERMIT APPLICATIONS MUST INCLUDE A COMMERCIAL BUILDING PERMIT\*\***

**\*\*ALL SIGN PERMIT APPLICATIONS REQUIRE A DRAWING OR SKETCH OF THE SITE\*\***

DRAWINGS MUST INCLUDE THE FOLLOWING:

- HEIGHT AND WIDTH OF SIGN
- LIGHTING SPECIFICATIONS
- TOTAL DISPLAY AREA
- PROJECTION DISTANCE FROM BUILDING WALL

I hereby certify that the proposed work is authorized by the property owner and will comply with the local and state laws. This permit will become null and void if work is not started within six months from date of permit.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# COMMERCIAL PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for \_\_\_\_\_

(job address)

Owner's Name \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Before a permit may be issued all of the following documentation (1-6) must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- \_\_\_ 1. SITE PLAN APPROVAL (or other zoning approval as required).
- \_\_\_ 2. SITE PLAN DRAWINGS (as approved in item #1 - submitted with construction drawings).
- \_\_\_ 3. VARIANCE APPROVAL, if applicable.
- \_\_\_ 4. **Two (2) SETS OF SIGNED AND SEALED DRAWINGS & SPECIFICATIONS.**
- \_\_\_ 5. P.A. 135 Disclosure (Licensing information located on the Commercial Building Permit Application).
- \_\_\_ 6. PLAN REVIEW (Will be conducted by this office)

The following may also be required. The applicant is responsible for obtaining the following referenced permits or waivers (Items 7-12). These must be reconciled prior to issuance of a permit.

- \_\_\_ 7. CURB OR SIDEWALK CUT
- \_\_\_ 8. SIGN OR BILLBOARD PERMIT
- \_\_\_ 9. DEMOLITION PERMIT
- \_\_\_ 10. SOIL EROSION CONTROL PERMIT (Applies when located within 500 feet of a lake, river or county drain, **OR** excavated area is equal to or greater than 1 acre)
- \_\_\_ 11. STORM SEWER CONNECTION
- \_\_\_ 12. SANITARY SEWER TAP

## RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, mechanical, plumbing, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

BUILDING DEPARTMENT OFFICE HOURS are 8:00 am to 12:00 and 1:00pm to 5:00pm, Monday through Friday. PHONE at 269-629-0600 or 800-627-2801; by MAIL at 200 N Lake St; Cadillac MI 49601; or by FAX at 231-775-8755.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Blue prints and drawings must contain sufficient detail to perform a plan review to determine compliance with the State Building Codes. Plans must include the following as they apply:**

Wall section/cross section drawing showing material dimensions and specifications from the footing to the roof of the structure.  
A floor plan that provides:

- Building dimensions
- Room names and dimensions
- Window and door locations with header sizes
- Stairway locations
- Plumbing fixture locations
- Exit sign and lighting locations

A foundation plan that illustrates:

- Footing sizes, locations and reinforcing steel (horizontal and vertical)
- Wall material, thickness and reinforcing steel (horizontal and vertical)
- Bearing pad locations, sizes and steel
- Sump location (if required)
- Concrete encased grounding system location
- Basements: Show emergency escape (window well or grade door) location

Elevations (views) of all four sides of the structure that:

- Shows views from ridge/roof to bottom of footing, with finish grade lines
- Provides floor locations (dotted lines)
- Shows window and door locations

**Plans for interior or exterior alterations to existing structures must show before and after details incorporating the above plan requirements as they apply.**

**OTHER PERMITS THAT MAY BE REQUIRED:**

**SANITATION  
PERMIT (7)**

**(Septic & Well)**

District Health Department #10  
521 Cobb Street  
Cadillac, MI 49601  
Phone: (231) 779-9942

**DRIVEWAY  
PERMIT (8)**

City of Cadillac  
200 N. Lake Street  
Cadillac, MI 49601  
Phone: (231) 775-0181

**SOIL EROSION  
PERMIT (9)**

City of Cadillac  
200 N. Lake Street  
Cadillac, MI 49601  
Phone: (231) 775-0181

**PLEASE CALL THE OFFICE SHOULD YOU REQUIRE FURTHER  
ASSISTANCE IN COMPLETING APPLICATIONS.**

# BUILDING PERMIT

## COMMERICAL

**CITY OF CADILLAC**  
 BUILDING DEPARTMENT  
 200 N Lake St Cadillac, MI 49601  
 permits@cadillac-mi.net  
 269-629-0600  
 800-627-2801

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CITY OF CADILLAC

Permit # \_\_\_\_\_

Job Location: \_\_\_\_\_ Property Tax ID #: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Permit Determinant: \_\_\_\_\_  
 Use Group: \_\_\_\_\_ Type of Improvement: \_\_\_\_\_  
 Type of Construction: \_\_\_\_\_ Owner: \_\_\_\_\_ phone: ( ) \_\_\_\_\_  
 No. of Floors \_\_\_\_\_ Bldg Height \_\_\_\_\_ Address: \_\_\_\_\_

**NONRESIDENTIAL** – 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.

**REQUIRED DOCUMENTS**

**ADDITIONAL PERMITS REQUIRED**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Site Plan Approval<br><input type="checkbox"/> Site Plan<br><input type="checkbox"/> Variance Approval if Applicable<br><input type="checkbox"/> 2 sets of Sealed Drawings & Specs.<br><input type="checkbox"/> PA 135 Disclosure<br><input type="checkbox"/> Plan Review and Permit Fee | <input type="checkbox"/> Curb or Sidewalk Cut<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Sign or Billboard<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Erosion Control<br><input type="checkbox"/> Storm Sewer Connection<br><input type="checkbox"/> Sanitary Sewer Tap |
|---|---|--|

PLAN REVIEW	\$ _____
COST OF PERMIT	\$ _____
TOTAL COST	\$ _____

**Building Department**  
**Make checks payable to City of Cadillac**

Engineer/Architect: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:**

NAME \_\_\_\_\_ PH.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 FEDERAL ID # OR SOCIAL SECURITY # \_\_\_\_\_ MESC# EMPLOYER # \_\_\_\_\_  
 LICENSE# \_\_\_\_\_ WORKERS DISABILITY COMPENSATION CARRIER \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ IF EXEMPT FROM ANY OF ABOVE: EXPLAIN HERE \_\_\_\_\_

*Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 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 subject to civil fines.*

**AGENT'S 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 the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Code: BUILDING PERMIT**