



**APPLICATION: MASTER BUILDING PERMIT**

**City of Mason**

201 W. Ash Street • Mason, MI 48854 ♦ Phone: 517/676-9155 • Fax: 517/676-1330  
www.mason.mi.us

**Please call for an appointment if you would like to discuss your application with the building inspector**

**I. APPLICANT INFORMATION**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Facsimile Number (\_\_\_\_) \_\_\_\_\_

Interest in Property (owner, contractor, tenant, option, etc.) \_\_\_\_\_

**II. PROJECT DESCRIPTION Project Name \_\_\_\_\_**

Project Address \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Property Owner Address \_\_\_\_\_

**Written Description of Work** (attach additional pages, if necessary)

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

**III. CONTRACTOR INFORMATION (If more than one contractor is working on the project, list all on separate sheet)**

Valuation of Work \_\_\_\_\_ Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address(Street, City, State, Zip) \_\_\_\_\_

**IV. APPLICATION MATERIALS ON REVERSE SIDE**

**APPLICANT CERTIFICATION**

NOTICE: This permit becomes null and void if work or construction is not commenced within six months, or if work or construction is suspended or abandoned for a period of six months at any time after work is commenced. A true copy of the plans of said structure is attached. It is understood that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. "Section 23a of the Michigan Construction Code Act of 1972 (1972 PA 230, MCL 125.1523A) prohibits a person from conspiring to circumvent the licensing requirement of this State relating persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines." By execution of this application, the person signing represents that the information provided and the accompanying documentation is, to the best of his/her knowledge, true and accurate. In addition, the person signing represents that he or she is authorized and does hereby grant a right of entry to City officials for the purpose of inspecting the premises and uses thereon to verify compliance with the terms and conditions of any permit or approval issued as a result of this application.

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

**APPLICATION MATERIALS** Applicants should review Section 94-95 of the Mason Code for a complete listing of application requirements. Incomplete applications will not be processed. The following is a summary of materials that must accompany a completed building permit application:

- Completed application form
- Site plan, including the following (as necessary):
  - Boundary line survey
  - Location, setbacks, dimensions, and height of existing and proposed structures
  - The existing or intended use
  - The proposed number of sleeping rooms
  - Location of utility lines, wells, and septic drain fields
  - The yard, open space and parking area dimensions
- Street grades, proposed finished grades and contour changes (where changes are proposed)
- Location of regulated waterways, floodplains or wetlands
  - Legal description (as necessary)
  - Proof of ownership/owner authorization
  - Construction schedule for proposed project
  - Construction calculations for utilities
  - Fee
  - Any other information deemed necessary

**FOR DEPARTMENTAL USE ONLY**

**ZONING REVIEW**

Zoning District \_\_\_\_\_ Existing Structure or Use: Conforming \_\_\_ Non-Conforming \_\_\_  
 Proposed Structure or Use: Conforming \_\_\_ Non-Conforming \_\_\_ Variance Granted \_\_\_ Date \_\_\_\_\_  
 Located in Flood Zone \_\_\_\_\_ FIRM Community Panel No. \_\_\_\_\_ Flood Zone \_\_\_\_\_  
 Riverwalk Meadows/Cedar Street Suspense Assessment \_\_\_\_\_ Temple Street Special Assessment \_\_\_\_\_  
 Historic District Commission Review Required: yes \_\_\_ no \_\_\_ Date Approved \_\_\_\_\_  
 Approved \_\_\_ Denied \_\_\_ Official/Administrator \_\_\_\_\_ Date \_\_\_\_\_  
 Special Conditions \_\_\_\_\_

**BUILDING REVIEW**

Sidwell No. \_\_\_\_\_ Assessed Value of Structure \$ \_\_\_\_\_  
 Application Accepted By \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Occupancy/Use Group \_\_\_\_\_ Code \_\_\_\_\_  
 Soil Erosion Permit No. \_\_\_\_\_ Change of Use/New Use \_\_\_ Tap in Fee \_\_\_\_\_  
 Building Permit Fee \_\_\_\_\_ Total Fee Received \_\_\_\_\_ Receipt No. \_\_\_\_\_  
 Approved \_\_\_ Denied \_\_\_ Official/Administrator \_\_\_\_\_ Date \_\_\_\_\_  
 Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_