



**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 County!!

- Everett Township       Garfield Township       City of Newaygo  
 Lincoln Township       Sheridan Township       City of White Cloud

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: \_\_\_\_\_ N S E W \_\_\_\_\_ Township/City: \_\_\_\_\_  
Number Direction (circle one) Street

Nearest Cross Street \_\_\_\_\_ Parcel No: **62-** - - - Section: \_\_\_\_\_  
Cross Street May Be Required to Identify Proper Parcel!

Is the above property **lakefront?** Yes No **Within 500 feet** of a river, lake or drain? Yes No

**APPLICANT**

Applicant: _____	<b>OFFICIAL USE ONLY</b>	APPROVAL
PO Box/Suite No/Bldg. Name: _____	<b>Permits Required:</b> <input type="checkbox"/> Elec <input type="checkbox"/> Mech <input type="checkbox"/> Plumb	
Street Address: _____	_____	
City: _____ State: _____ Zip: _____	_____	
Project Name: _____	No. of Inspections: _____	

**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: \_\_\_\_\_

**COSTS OF IMPROVEMENTS**

**COMMENTS**

Building	\$ _____	_____
Electrical	\$ _____	_____
Plumbing	\$ _____	_____
Mechanical	\$ _____	_____
<b>TOTAL</b>	\$ _____	_____

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

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

1. TOWNSHIP/CITY ZONING OFFICIAL - Zoning Permit/Clearance (must provide a copy)  
 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.* \_\_\_\_\_