



## City of Clare

202 West Fifth Street  
Clare, MI 48617  
Phone: 989-386-7541  
Fax 989-386-4508

# City of Clare Building Permit Application Requirements

BUILDING PERMIT APPLICATIONS **WILL NOT** BE ACCEPTED UNLESS THE APPLICATION IS COMPLETE.

**DISPLAY BOARD** – A board must be placed at the entrance of the property for displaying your permit. Building permits are printed on weatherproof paper so please do not laminate or put in a plastic bag. Building permits must be properly displayed before calling for an inspection. Lead abatement or renovation certificates must be prominently displayed if the property was constructed prior to 1978.

**PROPERTY LINES** – All property owners are responsible for ensuring that all structures, to include fences and accessory buildings, are constructed within the boundaries of their property according to city ordinance.

### **REQUIRED INSPECTIONS INCLUDE:**

- Footings:** after forms and rebar are in place, before cement is poured.
- Floor joists:** after floor joists are installed, before decking is placed.
- Siding:** after wrap, and door and window flashing, before siding is installed.
- Window replacement:** after flashing, before trim or siding.
- Roof inspections:** after ice protection membrane is installed, before shingles are laid.

IN ADDITION TO YOUR APPLICATION THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED:

1. PLOT PLAN FORM
2. TWO COPIES OF PLANS INCLUDING FOUNDATION PLAN, FLOOR PLAN, AND ELEVATIONS FOR NEW CONSTRUCTION, ADDITIONS, OR STRUCTURAL CHANGES.
3. ENERGY CODE WORKSHEET (NEW HOMES AND ADDITIONS) CAN BE FOUND ONLINE AT: **[www.energycodes.gov](http://www.energycodes.gov)**
4. LIST OF MATERIALS

ORDINANCE CODES, PERMIT FORMS, AND PROPERTY INFORMATION ARE AVAILABLE ON OUR WEBSITE AT: **[www.cityofclare.org](http://www.cityofclare.org)**.

**FOR INSPECTIONS CALL: 989-386-7541 EXT 101**



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## Building Permit Application

Job Site Address:		Property Tax ID #		
Property Owner:		Phone #:		
Owner Mailing Address		City	State	Zip Code
Contractor:	State License #:		Exp. Date:	
Contractor Address		City	State	Zip Code
Contractor Phone #:		Cell #:	Fax#:	
Workers Comp No.:	Exp. Date:	Employer ID #		
Liability Insurance No.:	Exp. Date:			
Insurance Co. Name and Address:		Lead Abatement Cert.#		
		Lead Renovator Cert.#		
Class of Work: New Home <input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Garage/Accessory <input type="checkbox"/> Modular <input type="checkbox"/> Other <input type="checkbox"/>				
Describe Work:				
Building Use:			Estimated Cost of Job:	

**NOTICE:** SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYES AT ANY TIME AFTER WORK HAS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMNED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WEATHER 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 State 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 to persons who are to perform work on a residential building or a residential structure. Violators of section 23A are subject to civil fines.

FOR OFFICE USE ONLY	
Base Fee:	
+ Basement:	
+ Second Floor:	
+ Commercial:	
+ Plan Review: \$25	
+ Admin Fee: \$5	
<b>TOTAL FEE:</b>	

\_\_\_\_\_  
 Signature Contractor or Authorized Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner (if owner is performing work)

\_\_\_\_\_  
 Date

Accepted by	Review By	Approved By

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.



**MICHIGAN UNIFORM ENERGY CODE COMPLIANCE FORM**

**Part 10 of the State Construction Code  
R 408.31061 ET SEO**

JOB ADDRESS \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

BUILDER \_\_\_\_\_ SUBMITTED \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

Check Method of Compliance: Prescriptive \_\_\_\_\_ System Approach \_\_\_\_\_

NOTE: System Approach method requires an energy analysis comparison report (ARF 1086.3)

1. Gross area of exterior walls in square feet \_\_\_\_\_
2. Square feet of fenestration openings. \_\_\_\_\_
3. Percent of fenestration exterior wall opening \_\_\_\_\_
4. If fenestration openings exceed 20% of gross exterior wall area, indicate the specific trade-off option that will be used for compliance. (R408.31083) \_\_\_\_\_  
\_\_\_\_\_
5. Indicate the percentage of exposed basement wall area (sq ft of exposed basement wall divided by sq ft of gross area of exterior wall). \_\_\_\_\_
6. Indicate the "R" value and type of insulation proposed for use on basement walls to bring exposure down to 7% of the gross area of exterior walls (R408.31081) \_\_\_\_\_
7. Attach documentation for certified or labeled "R" value of all pre-manufactured fenestration products including windows, doors and skylights. (R408.31071)
8. Indicate the proposed insulation "R" value for each component.  
Walls \_\_\_\_\_ Slab on grade floors \_\_\_\_\_ Floors over unconditioned space \_\_\_\_\_  
Ceiling/roof \_\_\_\_\_ Crawl space walls \_\_\_\_\_
9. I agree that at the time of inspection, the insulation installer shall provide a certificate for any blown-in or sprayed insulation that list the following information:
  - a. The initial thickness
  - b. The settled thickness
  - c. The coverage area
  - d. The number of bags used

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ROOF:**

Pitch \_\_\_\_\_  
 Shingles \_\_\_\_\_  
 Felt \_\_\_\_\_  
 Ice Barrier \_\_\_\_\_  
 Roof Sheathing \_\_\_\_\_  
 Truss  Yes  No  
 If No Answer the Following  
 Rafter Size \_\_\_\_\_  
 Rafter Spacing \_\_\_\_\_  
 Rafter Clear Span \_\_\_\_\_  
 Rafter Species \_\_\_\_\_  
 Ridge \_\_\_\_\_  
 Ceiling Joist Size \_\_\_\_\_  
 Ceiling Joist Spacing \_\_\_\_\_  
 Ceiling Joist Species \_\_\_\_\_  
 Insulation \_\_\_\_\_  
 Roof Ventilation \_\_\_\_\_

**Walls:**

Siding \_\_\_\_\_  
 Sheathing \_\_\_\_\_  
 Insulation \_\_\_\_\_  
 Wall Framing \_\_\_\_\_  
 Headers \_\_\_\_\_  
 Interior Finish \_\_\_\_\_  
 Ceiling Height \_\_\_\_\_

**Floor:**

Sub-Floor \_\_\_\_\_  
 Floor Joist Size \_\_\_\_\_  
 Floor Joist Spacing \_\_\_\_\_  
 Floor Joist Clear Span \_\_\_\_\_  
 Floor Joist Species \_\_\_\_\_  
 Beam Type & Size \_\_\_\_\_  
 Distance from Grade \_\_\_\_\_

**Foundation:**

Anchor Type \_\_\_\_\_  
 Anchor Spacing \_\_\_\_\_  
 Sill Plate \_\_\_\_\_  
 Wall (Poured) (Block) (Wood)  
 Size \_\_\_\_\_  
 Vertical Reinforcement # \_\_\_\_\_ @ \_\_\_\_\_ oc  
 Concrete Floor Thickness \_\_\_\_\_  
 Vapor Barrier \_\_\_\_\_  
 Column Pad Size \_\_\_\_\_  
 Column Spacing \_\_\_\_\_  
 Footing Width \_\_\_\_\_  
 Footing Thickness \_\_\_\_\_  
 Footing Depth Below Grade \_\_\_\_\_

