

**APPLICATION FOR  
PLAN EXAMINATION  
AND BUILDING PERMIT**

OWNERS NAME: \_\_\_\_\_

**IMPORTANT** - Applicant to complete all items in sections: I, II, III, IV and IX.

<b>I. LOCATION OF BUILDING</b>	ADDRESS: _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)	
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	

**II. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A-D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition (if residential, enter number of New housing units added, if any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (See 2 above)</p> <p>4. <input type="checkbox"/> Repair, replacement</p> <p>5. <input type="checkbox"/> Wrecking (if multifamily, residential, Enter number of units in building in Part D, 13)</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation Only</p>	<p><b>D. PROPOSED USE - FOR "WRECKING" MOST RECENT USE</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">Residential</td> <td style="width:50%;">Non Residential</td> </tr> <tr> <td>12. <input type="checkbox"/> One Family</td> <td>18. <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13. <input type="checkbox"/> Two or more family - Enter Number of units --&gt; _____</td> <td>19. <input type="checkbox"/> Church, Other Religious</td> </tr> <tr> <td>14. <input type="checkbox"/> Transient hotel, motel or Dormitory - Enter number Of units -----&gt; _____</td> <td>20. <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15. <input type="checkbox"/> Garage</td> <td>21. <input type="checkbox"/> Parking Garage</td> </tr> <tr> <td>16. Carport <input type="checkbox"/></td> <td>22. <input type="checkbox"/> Hospital, Institutional</td> </tr> <tr> <td>17. <input type="checkbox"/> Other - Specify _____</td> <td>24. <input type="checkbox"/> Office, Bank, Professional</td> </tr> <tr> <td>_____</td> <td>25. <input type="checkbox"/> Public Utility</td> </tr> <tr> <td>_____</td> <td>26. <input type="checkbox"/> School, Library, Other Educational</td> </tr> <tr> <td>_____</td> <td>27. <input type="checkbox"/> Stores, Mercantile</td> </tr> <tr> <td>_____</td> <td>28. <input type="checkbox"/> Tanks, Towers</td> </tr> <tr> <td>_____</td> <td>29. <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Non Residential	12. <input type="checkbox"/> One Family	18. <input type="checkbox"/> Amusement, recreational	13. <input type="checkbox"/> Two or more family - Enter Number of units --> _____	19. <input type="checkbox"/> Church, Other Religious	14. <input type="checkbox"/> Transient hotel, motel or Dormitory - Enter number Of units -----> _____	20. <input type="checkbox"/> Industrial	15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking Garage	16. Carport <input type="checkbox"/>	22. <input type="checkbox"/> Hospital, Institutional	17. <input type="checkbox"/> Other - Specify _____	24. <input type="checkbox"/> Office, Bank, Professional	_____	25. <input type="checkbox"/> Public Utility	_____	26. <input type="checkbox"/> School, Library, Other Educational	_____	27. <input type="checkbox"/> Stores, Mercantile	_____	28. <input type="checkbox"/> Tanks, Towers	_____	29. <input type="checkbox"/> Other - Specify _____
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<p><b>B. OWNERSHIP</b></p> <p>8. <input type="checkbox"/> Private (Individual, corporation, Nonprofit, institution, etc.)</p> <p>9. <input type="checkbox"/> Public (Federal, State or local government)</p>																									
<p><b>C. COST</b></p> <p>10. Cost of improvement \$ _____</p> <p>To be installed but not included in the above cost</p> <p>A. Electrical _____</p> <p>B. Plumbing _____</p> <p>C. Heating, Air Conditioning.. _____</p> <p>D. Other (Elevator, etc.)..... _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>(Omit Cents)</p> <p><b>Nonresidential</b> - Describe in detail proposed use of buildings, 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.</p>																								

**III. SELECTED CHARACTERISTICS OF BUILDING** - For new buildings and additions, complete Parts E-L; For wrecking, complete only Part J, for all others skip to IV.

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30. <input type="checkbox"/> Masonry (Wall Bearing)</p> <p>31. <input type="checkbox"/> Wood Frame</p> <p>32. <input type="checkbox"/> Structural Steel</p> <p>33. <input type="checkbox"/> Reinforced Concrete</p> <p>34. <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40. <input type="checkbox"/> Public or Private Company</p> <p>41. <input type="checkbox"/> Private (Septic Tank, Etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48. <input type="checkbox"/> Number of Stories .....</p> <p>49. <input type="checkbox"/> Total square feet of floor area, All floors, based on exterior Dimensions .....</p> <p>50. <input type="checkbox"/> Total land area, sq. ft.....</p>	
	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42. <input type="checkbox"/> Public or private company</p> <p>43. <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. <input type="checkbox"/> Enclosed.....</p> <p>52. <input type="checkbox"/> Outdoors.....</p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Coal</p> <p>39. <input type="checkbox"/> Other - Specify _____</p>	<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46. <input type="checkbox"/> Yes 47. <input type="checkbox"/> No</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms.....</p> <p>54. Number of Bathrooms { Full..... Partial.....</p>	

**NOTES AND DATA** - (For department use)

State ID# 004006

**Dickinson County Construction  
Code Commission**

**DANE ROSSATO**  
Building Official / Plan Reviewer  
Building Administrator

Please Call

**(906) 774-4885**

**IV. IDENTIFICATION - To be completed by all applicants**

Name	Mailing Address - Number, Street, City and State	ZIP Code	Tel. No.
1. Owner Or Lessee			
2. Contractor		Builder's License No.	
3. Architect Or Engineer			

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 this jurisdiction.

Signature of applicant	Address	Application Date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Plans Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
<b>BUILDING</b>	\$					
<b>PLUMBING</b>	\$					
<b>MECHANICAL</b>	\$					
<b>ELECTRICAL</b>	\$					
<b>OTHER</b>	\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Date Obtained	Number	By	Permit or Approval	Date Obtained	Number	By
<b>BOILER</b>				<b>PLUMBING</b>			
<b>CURB OR SIDEWALK CUT</b>				<b>ROOFING</b>			
<b>ELEVATOR</b>				<b>SEWER</b>			
<b>ELECTRICAL</b>				<b>SIGN OR BILLBOARD</b>			
<b>FURNACE</b>				<b>STREET GRADES</b>			
<b>GRADING</b>				<b>USE OF PUBLIC AREAS</b>			
<b>OIL BURNER</b>				<b>WRECKING</b>			
<b>OTHER</b>				<b>OTHER</b>			

**VII. VALIDATION**

Building Permit Number \_\_\_\_\_  
 Building Permit Issued \_\_\_\_\_  
 Building Permit Fee \$ \_\_\_\_\_  
 Certificate of Occupancy \$ \_\_\_\_\_  
 Drain Tile \$ \_\_\_\_\_  
 Plan Review Fee \$ \_\_\_\_\_

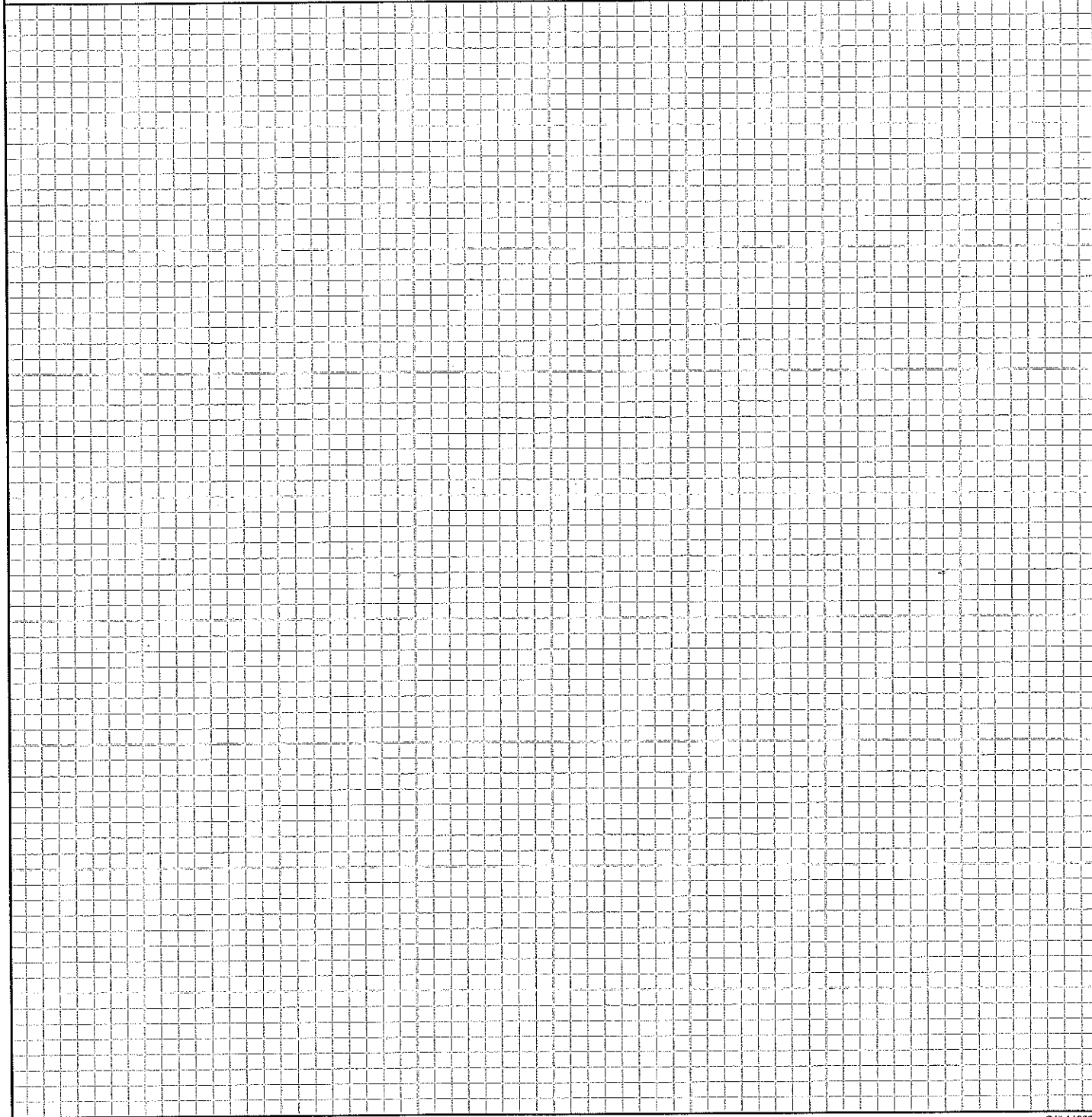
Approved By: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Use Group \_\_\_\_\_  
 Fire Grading \_\_\_\_\_  
 Live Loading \_\_\_\_\_  
 Occupancy Load \_\_\_\_\_

TITLE

<b>VIII. ZONING PLAN EXAMINERS NOTES</b>	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

<b>IX. SITE OR PLOT PLAN - For Applicant Use</b>	
	

**DICKINSON COUNTY  
CONSTRUCTION PERMIT PROCEDURES**

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Site Address \_\_\_\_\_ Fire # \_\_\_\_\_

Site Location \_\_\_\_\_  
                  1/4      1/4      1/4    Section      Town      Range      County

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Project Description \_\_\_\_\_

The following approvals may be required to be obtained by the property owner prior to making the application for a building permit. If a signature of a specific official does not apply, please respond by signifying "N/A" (not applicable.)

Signature approvals must be obtained in the following order:

1. Zoning \_\_\_\_\_
2. Res Check – Must be done for all New Homes and Large Additions. Complete ResCheck on-line at <https://energycode.pnl.gov/REScheckWeb>.
3. Health Department \_\_\_\_\_  
(906) 774-1868
4. Road Commission \_\_\_\_\_  
(906) 774-1588
5. Soil Erosion & Sedimentation Control \_\_\_\_\_  
(906) 774-4885 (Signature required if building w/in 500 ft. of any body of water)
6. Dickinson County Construction Code \_\_\_\_\_  
Phone (906) 774-4885 Fax (906) 828-1032
  - a. Building Permit
  - b. Electrical Permit
  - c. Plumbing Permit
  - d. Mechanical Permit

NOTE: Please call each inspector when ready for each inspection.  
Certificate of Occupancy will be provided upon request when all permits are finalized and paid in full.

I hereby certify that the above information is correct and agree to comply with all appropriate Township, County and State regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of property Owner/Representative

## BUILDING PERMIT INFO.

**Building Permits:** In order for a contractor or homeowner to obtain a building permit, he/she must have all proper signatures.

1. **Zoning** - A zoning permit is required for new homes, additions, garages, storage sheds, and decks. (See blue book for zoning administrators and phone numbers)
2. **Health Department** - A signature from Daren, Shelia or Wade are required when a home is being built where City water and sewer are not available and the homeowner is putting in his/her own well and septic. The same rule applies when more than one bedroom/bathroom is being added or constructed. Also, if a home/cabin is being demolished and then rebuilt but is using the same well and septic, the Health Department must still be notified and a signature is required.
3. **Road Commission** - A signature is required from the Road Commission when a driveway has not already been installed.
4. **Soil & Erosion** - A soil and erosion permit is required from the DCCCC when any construction is taking place within 500 feet of any body of water or when more than one acre of earth is being excavated.

Once all required signatures have taken place, a building permit may be issued.

**\*\* NOTE\*\*** No Commercial building permits may be issued without plan review approval from Dane (Building), Jim (Plumbing & Mechanical), Ron (Electrical).