

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS | PLANNING DEPARTMENT

7500 Odawa Circle, Harbor Springs, MI 49740

planning@ltbbodawa-nsn.gov

231-242-1581

www.LTBBodawa-nsn.gov

PERMIT APPLICATION

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

<i>This section For Office Use Only</i>	
Application Received Date	Permit Number

JOB LOCATION

<i>Site Address and/or Street Name</i>		<i>City/ Village</i>		<i>Township</i>
<i>Property Tax I.D. No./Parcel No.</i>		<i>Lot/Unit Number</i>	<i>Plat or Condominium Name</i>	

OWNER INFORMATION

<i>First Name, Last Name or if LTBB owned, check box and include department name</i> <input type="checkbox"/> LTBB			<i>Telephone Number</i>	
<i>Mailing Address</i>		<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>		<i>Fax Number</i>

DESIGN PROFESSIONAL INFORMATION

<i>First Name, Last Name or Business Name</i>			<i>Telephone Number</i>	
<i>Mailing Address</i>		<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>		<i>License Number</i>
				<i>Expiration Date</i>

BUILDING CONTRACTOR INFORMATION

<i>First Name, Last Name or Business Name</i>			<i>Telephone Number</i>	
<i>Mailing Address</i>		<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>		<i>Fax Number</i>
<i>Builder License Number</i>	<i>Expiration Date</i>	<i>Tax ID Number/SSN</i>		<i>Workers Comp Insurance</i>

ELECTRICAL CONTRACTOR INFORMATION

<i>First Name, Last Name or Business Name</i>			<i>Telephone Number</i>	
<i>Mailing Address</i>		<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>		<i>Fax Number</i>
<i>Contractor Lic. Number</i>	<i>Expiration Date</i>	<i>Tax ID Number/SSN</i>		<i>Workers Comp Insurance</i>
<i>Master License Name</i>		<i>Master License Number</i>		<i>Master License Expiration Date</i>
<i>Mailing Address</i>		<i>City</i>		<i>State</i>
				<i>Zip</i>

COMPLETE APPLICATION ON NEXT PAGE

PLUMBING CONTRACTOR INFORMATION

<i>First Name, Last Name or Business Name</i>				<i>Telephone Number</i>	
<i>Mailing Address</i>			<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>			<i>Fax Number</i>
<i>Contractor Lic. Number</i>		<i>Expiration Date</i>	<i>Tax ID Number/SSN</i>		<i>Workers Comp Insurance</i>
<i>Master License Name</i>			<i>Master License Number</i>		<i>Master License Expiration Date</i>
<i>Mailing Address</i>			<i>City</i>		<i>State</i> <i>Zip</i>

MECHANICAL CONTRACTOR INFORMATION

<i>First Name, Last Name or Business Name</i>				<i>Telephone Number</i>	
<i>Mailing Address</i>			<i>City</i>		<i>Cell Phone Number</i>
<i>State</i>	<i>Zip</i>	<i>Email Address</i>			<i>Fax Number</i>
<i>Contractor Lic. Number</i>		<i>Expiration Date</i>	<i>Tax ID Number/SSN</i>		<i>Workers Comp Insurance</i>
<i>Master License Name</i>			<i>Master License Number</i>		<i>Master License Expiration Date</i>
<i>Mailing Address</i>			<i>City</i>		<i>State</i> <i>Zip</i>

APPLICANT SIGNATURE

Applicant is responsible for payment of all fees and charges to this application and must provide the applicant and building owner signatures below

I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to make this authorized application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge. It shall be the duty of the holder of the building permit or their duly authorized agent to notify the building official when work is ready for inspection. It shall be the duty of the permit holder to provide access to and means for inspections of such work that are required by this code. When the applicant is a contractor, the owner signature is required in the "Owner Signature" space provided below. In lieu of the owner signature, other documentation verifying approval by the owner for the construction to occur under this permit may be accepted at the discretion of the department staff.

<i>Applicant Signature</i>	<i>Print Name</i>	<i>Date</i>
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BUILDING OWNER AFFIDAVIT / OWNER SIGNATURE (REQUIRED FOR WORK BY LICENSED CONTRACTOR)

I hereby authorize the Licensed Contractor noted above, to perform the work as described on page 2 of this application, at the job location shown above... or...

I hereby certify that the work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. It shall be the duty of the holder of the building permit or their duly authorized agent to notify the building official when work is ready for inspection. I acknowledge the additional requirements of LTBB Permits as indicated on Page 4 of this application.

<i>Building Owner Signature</i>	<i>Print Name</i>	<i>Date</i>
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COMPLETE APPLICATION ON NEXT PAGE

TYPE OF IMPROVEMENT

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> New Building: <input type="checkbox"/> Commercial or <input type="checkbox"/> SFR | <input type="checkbox"/> Change in Use | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Moving/ Relocation | <input type="checkbox"/> Re-Roofing |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Manufactured Home Set Up | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Special Inspection | <input type="checkbox"/> Demolition** | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Deck/Porch |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Driveway | <input type="checkbox"/> Other: _____ |

Written Description of work:

PROPOSED USE OF BUILDING

ICC Residential Code Use

- | | | |
|--|--|--|
| <input type="checkbox"/> One - Family - # of Bedrooms: _____ | <input type="checkbox"/> BOCA Approved / Modular | <input type="checkbox"/> Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Unattached |
| <input type="checkbox"/> Two - Family - # of Bedrooms: _____ | <input type="checkbox"/> Mobile Home / HUD Sectional | <input type="checkbox"/> Tiny Home |
| <input type="checkbox"/> Townhouse - # of stories: _____ | <input type="checkbox"/> Storage Building | <input type="checkbox"/> Other: _____ |

ICC Building Code Commercial and Multi-Unit Residential Use

- | | | |
|--|---|---|
| <input type="checkbox"/> Assembly, Restaurant, Lounge, etc | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Parking or Service Garage |
| <input type="checkbox"/> Business, Office, Salon, Etc | <input type="checkbox"/> Hotel/Motel - # of Units: _____ | <input type="checkbox"/> Storage, Warehouse, Etc. |
| <input type="checkbox"/> Church, Religious, Etc | <input type="checkbox"/> Institutional | <input type="checkbox"/> Tower, Bridge, Utility, Etc. |
| <input type="checkbox"/> Educational, School, Etc. | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Factory, Industrial, Etc. | <input type="checkbox"/> Multi-Family - # of Units: _____ | <input type="checkbox"/> Other: _____ |

Describe proposed use of building (Commercial and Multi Unit Residential):

BUILDING INFORMATION DATA / DIMENSIONS

Foundation Information <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Piers <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement	Principal Type of Frame <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Frame <input type="checkbox"/> Pole Building <input type="checkbox"/> Other:	Principal Heating Fuel <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Pellet <input type="checkbox"/> Other:	Type of Sewage Disposal <input type="checkbox"/> Public Sewer System <input type="checkbox"/> Private Community System <input type="checkbox"/> Private Septic System	Type of Water Supply <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private Community Supply <input type="checkbox"/> Private or Shared Well
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Building Dimensions:

Building Width = _____ Building Height = _____ Total Square Feet = _____
 Building Length = _____ Number of Stories = _____

OTHER REQUIRED PERMITS AND APPROVALS

The permits identified below may be applicable to this construction project and must be applied for and issued prior to the issuance of the building permit. Copies of permits issued by other agencies shall be provided with this Building Permit Application and retained by the Department as a part of the project file.

Permit Type	Required?	Permit Type	Required?	Environmental Review	<input type="checkbox"/> YES <input type="checkbox"/> NO
Zoning/Site Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	Soil Erosion	<input type="checkbox"/> YES <input type="checkbox"/> NO	GIS Utility/Survey Witnessing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Septic	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wetlands	<input type="checkbox"/> YES <input type="checkbox"/> NO	**Complete Demolition requires the following	
Well	<input type="checkbox"/> YES <input type="checkbox"/> NO	Variance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Verification of Disconnect from applicable utilities	
Driveway/Culvert	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Water	<input type="checkbox"/> Electrical <input type="checkbox"/> Sewer

LTBB Building Permit Application Last Update – April 5, 2018

ADDITIONAL REQUIREMENTS ON NEXT PAGE

Permit and Application Additional Requirements

1. **MISS DIG.** Permit Holder must contact MISS DIG AT (800) 482-7171 AT LEAST TWO (2) FULL WORKING DAYS, BUT NO MORE THAN TWENTY-ONE (21) CALENDAR DAYS, BEFORE YOU START WORK. Permit Holder assumes all responsibility for damage to or interruption of underground facilities. For water systems at WahWahsNooDeKa Housing Development contact LTBB Facilities Department to mark at least two (2) full working days, but no more than twenty-one (21) calendar days, before you start work.
2. **NOTIFICATION OF START AND COMPLETION OF WORK.** Permit Holder must notify the Tribe at least 48 hours before starting work and must notify the Tribe when work is completed.
3. **SAFETY.** Permit Holder agrees to work under this permit in a safe manner and to keep the area affected by this permit in a safe condition until the work is completed. All work site conditions shall comply with Manual of Uniform Traffic Control Devices.
4. **LIMITATION OF PERMIT.** The permit does not relieve Permit Holder from meeting other applicable laws regulations of other agencies. Permit Holder is responsible for obtaining additional permits or releases which may be required in connection with this work from other governmental agencies, public utilities, corporations and individuals, including property owners.
5. **REVOCAION OF PERMIT.** The permit may be suspended or revoked at will, and the Permit Holder shall surrender this permit and alter, relocate or remove its facilities at its expense at the request of the Tribe.
6. **VIOLATION OF PERMIT.** The permit shall become immediately null or void if Permit Holder violates the terms of this permit, and the Tribe may require immediate removal of Permit Holder's facilities, or the Tribe may remove them without notice at the Permit Holder's expense.
7. **ASSIGNABILITY.** The permit may not be assigned without the prior approval of the Tribe. If approval is granted, the assignor shall remain liable and the assignee shall be bound by all terms of this permit.
8. **GIS WITNESSING.** Any structures to be erected shall have staking verified by LTBB GIS Department prior to construction/placement. Any utilities/underground infrastructure not to be placed on an as built by contractor must be witnessed by LTBB GIS department staff prior to covering.