

OTSEGO COUNTY BULLDNG DEPARTMENT

1066 CROSS STREET
GAYLORD, MICHIGAN 49735
(989) 731-7400 FAX (989) 731-7429

CONSTRUCTION BOARD OF APPEALS
APPLICATION FORM

1. APPLICANT (Note: All Correspondence will be sent to this address)

Note: The applicant is responsible for all fees applicable to this application.

APPLICANT'S NAME: _____

BUSINESS NAME OR COMPANY: _____

BUSINESS ADDRESS: _____ PHONE NUMBER _____

APPLICANT SIGNATURE (Must be an original signature)

DATE

2. PERMIT HOLDER

NAME (Company or Individual): _____

CONTACT PERSON: _____ PHONE NUMBER _____

ADDRESS: _____

3. BUILDING OWNER

NAME (Company or Individual): _____

CONTACT PERSON: _____ PHONE NUMBER _____

ADDRESS: _____

4. BUILDING DATA

LOCATION:

ADDRESS: _____ TOWNSHIP _____ PERMIT # _____

TAX/PARCEL# _____

CONSTRUCTION INFORMATION

GROSS FLOOR AREA _____

TYPE OF CONSTRUCTION: _____ New Building _____ Addition _____ Alteration _____ Repair

CLASSIFICATION PER BUILDING CODE

Building Use _____ Construction Type _____ Number. of Occupants _____ Area/Floor _____

Number of Floors _____

CONSTRUCTION BOARD OF APPEALS FEE INFORMATION:

DEPOSIT OF \$355.00 PER MEETING
NON-REFUNDABLE APPLICATION FEE \$60.00

MEETING COSTS

PER DIEM \$175 PER MEMBER (5 MEMBERS)
PER DIEM \$60 SECRETARY
MILEAGE TO EACH MEMBER AND SECRETARY

MEETING INFORMATION

QUORUM OF 3 REQUIRED FOR A MEETING.

ANY MONEY NOT USED FOR MEETING OTHER THAN THE NON-REFUNDABLE APPLICATION FEE WILL BE REFUNDED THROUGH THE COUNTY VOUCHER SYSTEM (APPROXIMATELY TWO WEEKS)

7 COPIES OF ANY PRINTS, DRAWINGS, PHOTO'S AND/OR OTHER PERTINENT INFORMATION MUST BE SUPPLIED WITH THE CHECK AND COMPLETELY FILLED OUT APPLICATION.

ALL MEETINGS WILL BE HELD WITHIN 15-30 DAYS OF ACCEPTANCE OF COMPLETE APPLICATION