



**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!!**

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

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: \_\_\_\_\_ **OFFICIAL USE ONLY** APPROVAL  
 PO Box/Suite No/Bldg. Name: \_\_\_\_\_ **Permits Required:** Elec Mech 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	\$ _____	.00	
Electrical	\$ _____	.00	
Plumbing	\$ _____	.00	
Mechanical	\$ _____	.00	
<b>TOTAL</b>	<b>\$ _____</b>	<b>.00</b>	

