

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 Elevator and Ski/Amusement Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9273
 www.michigan.gov/bcc
 lara-bcc-ski-amusement@michigan.gov

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR NEW SKI LIFT PERMIT AND PREPAYMENT OF ANNUAL INSPECTION FEES

AUTHORITY: 1962 PA 199, MCL 338.3434(A), AND 42 USC 654
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION
 AND/OR DISCIPLINARY ACTION.

Ski Area Operator Name		Ski Area I.D. Number 66-01-													
Address	City	State	Zip Code												
Telephone Number	E-mail Address														
Type of Construction: (Check One) <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Alteration</td> <td style="text-align:center;">Relocation</td> <td colspan="2" style="text-align:center;">New Lift</td> </tr> <tr> <td style="text-align:center;">Lift Number(s) Being Altered:</td> <td style="text-align:center;">Lift Number(s) Being Relocated:</td> <td colspan="2" style="text-align:center;">If replacing another lift, enter lift number(s) being replaced:</td> </tr> <tr> <td style="text-align:center;">66-02- _____</td> <td style="text-align:center;">66-02- _____</td> <td colspan="2" style="text-align:center;">66-02- _____</td> </tr> </table>				Alteration	Relocation	New Lift		Lift Number(s) Being Altered:	Lift Number(s) Being Relocated:	If replacing another lift, enter lift number(s) being replaced:		66-02- _____	66-02- _____	66-02- _____	
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66-02- _____	66-02- _____	66-02- _____													
Required Additional Documentation ● Detailed, duplicate plans and specifications of change in the structure, mechanism, classification in capacity pursuant to MCL 408.332.															
Certification I certify that the statements in this document are true and complete.															
Signature		Date													
FEE PAYMENT INFORMATION FOR ACTIVITY (check all that apply) Alteration - \$50.00 Relocation - \$200.00 New Lift - \$200.00 (Surface Lift, Chair Lift or Gondola only)		Inspection fees may be waived if a satisfactory third-party inspection report is submitted with the annual permit application. Pursuant to MCL 408.336 the third-party inspector must be approved by the Department and the Ski Area Safety Board prior to making the inspection. Permits expire annually on September 30.													
FEE PAYMENT INFORMATION FOR PERMIT (check all that apply) <table style="width:100%; border:none;"> <tr> <td># of Rope Tows</td> <td>_____ X \$2.00 = _____</td> <td rowspan="3" style="vertical-align:top;"> Minimum permit fee is \$25.00; if the subtotals combined amount is less than \$25.00, pay minimum. If greater than \$25.00, pay the greater amount. </td> </tr> <tr> <td># of Surface Lifts</td> <td>_____ X \$5.00 = _____</td> </tr> <tr> <td># of Chair Lifts</td> <td>_____ X \$15.00 = _____</td> </tr> <tr> <td colspan="2" style="text-align:center;">Fee Code: 6601-45</td> <td></td> </tr> </table>				# of Rope Tows	_____ X \$2.00 = _____	Minimum permit fee is \$25.00; if the subtotals combined amount is less than \$25.00, pay minimum. If greater than \$25.00, pay the greater amount.	# of Surface Lifts	_____ X \$5.00 = _____	# of Chair Lifts	_____ X \$15.00 = _____	Fee Code: 6601-45				
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# of Surface Lifts	_____ X \$5.00 = _____														
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Fee Code: 6601-45															
FEE PAYMENT INFORMATION FOR INSPECTION (check all that apply) <table style="width:100%; border:none;"> <tr> <td># of Rope Tows</td> <td>_____ X \$8.00 = _____</td> <td rowspan="3" style="vertical-align:top;"> This fee must be paid with this application. An inspection will not be scheduled until the inspection fee is paid. </td> </tr> <tr> <td># of Surface Lifts</td> <td>_____ X \$20.00 = _____</td> </tr> <tr> <td># of Chair Lifts</td> <td>_____ X \$60.00 = _____</td> </tr> <tr> <td colspan="2" style="text-align:center;">Fee Code: 6602-34</td> <td></td> </tr> </table>		# of Rope Tows	_____ X \$8.00 = _____	This fee must be paid with this application. An inspection will not be scheduled until the inspection fee is paid.	# of Surface Lifts	_____ X \$20.00 = _____	# of Chair Lifts	_____ X \$60.00 = _____	Fee Code: 6602-34						
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# of Chair Lifts	_____ X \$60.00 = _____														
Fee Code: 6602-34															
Total Amount Enclosed		\$													
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN															
Non Refundable fees authorized by 1962 PA199.															

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