

## BUILDING PERMIT INFORMATION (updated 6-1-24)

**The following information is required to obtain a building permit:**  
*incomplete applications may be returned*

1. A complete Building Permit Application form
2. A detailed site plan (see back of building application)
  - a. Zoning Application (Clyde Township, Columbia Township, Ganges Township, South Haven Township, Valley Township)
  - b. Zoning Approval (Manlius Township, City of Douglas, City of Saugatuck)
3. Agent Authorization Form -required if builder obtains permit
4. Three (3) sets of Construction Plans – 2 sets must be full size hardcopy and 1 can be email PDF, if PDF not available, submit 3 full size hardcopy (*one will be returned to be kept on the jobsite*) **INCLUDE ON THE PLANS:**
  - a: Detailed foundation plan
  - b: All significant elevations (side views)
  - c: Floor plans – including, but not limited to: use of all rooms and dimensions; window and door sizes; stairway structural details (*if applicable*); deck structural details (*if applicable*)
  - d: Cross section of one wall from footing to peak
  - e: Identify north elevation as (N)
  - f: Indicate snow-loading capacity. Be sure to show all dimensions
  - g. Energy code insulation values

Note: Items required prior to rough-in: 1) Manufacturers truss diagrams 2) Mechanical Design Criteria (Manual S & J)

5. Septic and Well Permits

Allegan County Environmental Health – 269-673-5415  
VanBuren County Health Department – 269-621-3143  
Or local municipal water/sewer authority

\*Permit is required to hook to an existing septic and/or well  
\*\*Health Dept approval is required: for adding bedrooms, water softener discharge, ejector/grinder pump, oversize tub/jacuzzi, basement plumbing

▶ see reverse side

6. DRIVEWAY PERMIT

Allegan County Road Commission – 269-673-2184

Van Buren County Road Commission – 269-674-8011

\*A driveway permit is required in VanBuren County even if there is an existing driveway.

MDOT – properties on Michigan Highways

\*\*The Fire Department reviews and approves driveways in City of Douglas and City of Saugatuck, *may take 3-4 weeks*  
269-857-3000 cmantels@saugatuckfire.org

\*\*\*In cities contact the City Hall for curb cuts and sidewalk requirements

7. PROOF OF OWNERSHIP

examples: deed or land contract, tax bill

8. SOIL EROSION CONTROL PERMIT (SESC)

A permit is required if soil disturbance is within 500 feet of a waterway, lake, river, stream, pond, body of water, storm sewer, County Drain or if disturbance one (1) or more acres

Allegan County – 269-673-5415

Van Buren County – 269-657-8241

\*\*required for all properties in City of Douglas and City of Saugatuck, City of Fennville

9. Other items that may be required:

1. Fire Department (*commercial projects*)

2. EGLE permit (*Lake Michigan, wetland, floodplain, etc*)

3. Health Department (Food Service) – *if project includes food service, food preparation, new commercial kitchen, etc*

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**WHEN YOU HAVE ALL THE ABOVE REQUIRED  
INFORMATION SUBMIT TO:**

Mail:

Michigan Township Services-Allegan, INC.

111 Grand Street

Allegan MI 49010

Call:

269-673-3239 or 1-800-626-5964

Email:

mtsallegan@frontier.com

additional information:

[www.michigantownshipservices.org](http://www.michigantownshipservices.org)

# APPLICATION FOR BUILDING PERMIT

## AND PLAN EXAMINATION

RETURN COMPLETED FORM TO BUILDING DEPARTMENT

111 GRAND STREET

ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI.

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,  
MECHANICAL, AND ELECTRICAL WORK PERMITS

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		JOB ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESA EMPLOYER NUMBER OR REASON FOR EXEMPTION				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> MOBILE HOME SET-UP	5. <input type="checkbox"/> SIGN	7. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ALTERATION/REPAIR	4. <input type="checkbox"/> MANUFACTURED HOME	6. <input type="checkbox"/> ADDITION	8. <input type="checkbox"/> FOUNDATION ONLY	10. <input type="checkbox"/> OTHER
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> ONE FAMILY                               | 3. <input type="checkbox"/> TOWNHOUSE<br>NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY<br>NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE                 | 6. <input type="checkbox"/> OTHER           |

**B. COMMERCIAL**

- |   |   |  |
|---|---|--|
| 7. <input type="checkbox"/> HOTEL/MOTEL | 11. <input type="checkbox"/> SERVICE STATION            | 15. <input type="checkbox"/> APARTMENT         |
| 8. <input type="checkbox"/> ASSEMBLY    | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL    | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL  | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS     |
| 10. <input type="checkbox"/> STORAGE    | 14. <input type="checkbox"/> RESTAURANT/BAR             | 18. <input type="checkbox"/> OTHER, SIGN       |

DESCRIBE IN DETAIL PROPOSED PROJECT AND USE:

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

1.  MASONRY, WALL BEARING    2.  WOOD FRAME    3.  STRUCTURAL STEEL    4.  REINFORCED CONCRETE    5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

6.  GAS    7.  OIL    8.  ELECTRICITY    9.  COAL    10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

11.  PUBLIC OR PRIVATE COMPANY    12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

13.  PUBLIC OR PRIVATE COMPANY    14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

15.  WILL THERE BE AIR CONDITIONING?  YES     NO    16. WILL THERE BE FIRE SUPPRESSION?  YES     NO

**F. DIMENSIONS/DATA**

**WIDTH**

**LENGTH**

**HEIGHT**

17. NUMBER OF STORIES	_____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP	_____	BASEMENT	_____	_____	_____
19. CONST. TYPE	_____	1ST & 2ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS	_____	3RD-10TH FLOOR	_____	_____	_____
		11TH-ABOVE	_____	_____	_____
		TOTAL AREA	_____	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

22. ENCLOSED \_\_\_\_\_    23. OUTDOORS \_\_\_\_\_

**VI. APPLICANT INFORMATION**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS			

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 THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state of construction code act of 1972, 1972, PA 230, MCL 125, 1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

**SIGNATURE OF APPLICANT** ►

  

**VII. BUILDING DEPARTMENT USE ONLY**

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A-ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B-FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C-POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D-NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E-SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F-FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G-WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H-SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I-VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J-OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP _____	BASE FEE _____
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____
SQUARE FEET _____	
APPROVAL SIGNATURE _____	
TITLE _____	DATE _____

## BUILDING APPLICATION/ZONING

Site Plan: **(Please read carefully and complete)**. Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreages. (all sides)
  2. The location, distances to lot lines, of all existing and proposed structures.
  3. The dimensions of all existing and proposed structures.
  4. The distances between all existing structures.
  5. The location of all roads bordering or on the property.
  6. The location of any power and gas lines on property.
  7. The location of any lakes, rivers, streams, or wetland on or near property.
  8. The location of any easements on the property.
  9. A north arrow indicating the direction of north.
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\*\*\*\*\*Do not write below this line\*\*\*\*\*

Required setbacks

Front\_\_\_\_\_ft. Rear\_\_\_\_\_ft. Side Right.\_\_\_\_\_ft. Side Left\_\_\_\_\_ft.

Lot width\_\_\_\_\_ft. Lot Area\_\_\_\_\_Sq. ft. Living Area\_\_\_\_\_

Dist. Between bldgs.\_\_\_\_\_ft. Zoning Dist.\_\_\_\_\_

Approved\_\_\_\_\_ Denied\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Reason Denied\_\_\_\_\_

**Michigan Township Services-Allegan. Inc**  
111 Grand Street, Allegan MI 49010  
1-800-626-5964 \* 269-673-3239  
Fax 269-673-9583  
Email [mtsallegran@frontier.com](mailto:mtsallegran@frontier.com)

## **Agent Authorization**

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

City or Township: \_\_\_\_\_

This is to inform you that I, (owner name) \_\_\_\_\_,  
as owner of the above referenced property authorize (agent name)  
\_\_\_\_\_, to act as my agent in seeking / obtaining  
various permits and approvals on my behalf.

These include:

Various Township/City Zoning and Building approvals  
Other County or State permit approvals  
Others as needed

\_\_\_\_\_  
Property Owner Signature and Phone Number

**This completed form must be submitted with a zoning/building permit application. Permits will not be issued without it.**