

GUIDELINES FOR OBTAINING BUILDING PERMITS

- ___ (1) A **PROPERTY ADDRESS** ASSIGNED BY SAGINAW COUNTY ROAD COMMISSION (989) 752-6140.
- ___ (2) COPY OF **APPROVED LAND DIVISION LETTER**, IF PARCEL WAS CREATED AFTER MARCH 31, 1997.
- ___ (3) COPY OF **DEED** AND LATEST **PROPERTY TAX STATEMENT**.
- ___ (4) **SEPTIC SYSTEM PERMIT:** (FOR NEW HOUSE) MUST BE ISSUED BY THE SAGINAW COUNTY HEALTH DEPT. (989)-758-3800. YOU MUST HOOK TO CITY SEWER, IF AVAILABLE.
- ___ (5) **WELL PERMIT:** MUST BE ISSUED BY THE SAGINAW COUNTY HEALTH DEPT. (989) 758-3800. YOU MUST CONNECT TO CITY WATER IF AVAILABLE.
- ___ (6) **DRIVEWAY PERMIT:** MUST BE ISSUED BY THE SAGINAW COUNTY ROAD COMMISSION (989-752-6140). CALL M-DOT IF ON A STATE HIGHWAY.

THE DRIVEWAY APPROACH MUST BE APPROVED BY THE SAGINAW COUNTY ROAD COMMISSION (OR M-DOT) AND WORK COMPLETED PRIOR TO THE START OF HOUSE CONSTRUCTION.

A PASSABLE DRIVEWAY TO THE BUILDING SITE MUST BE APPROVED BY THE BUILDING INSPECTOR, ROB KEHOE (810)516-1191, PRIOR TO THE START OF HOUSE CONSTRUCTION.
- ___ (7) **SOILS EROSION PERMIT:** IS REQUIRED BY THE SAGINAW COUNTY DEPT. OF PUBLIC WORKS, DRAIN OFFICE (989) 790-5258 IF THERE IS AN EARTH CHANGE OF ONE (1) ACRE OR MORE, OR IF THE PROJECT IS WITHIN FIVE HUNDRED (500) FEET OF A LAKE, STREAM, OR COUNTY DRAIN.
- ___ (8) **MDEQ FILL PERMIT:** IS REQUIRED BY THE MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (989) 686-8025 EXT. 8364 IF THE PROPERTY IS IN THE FLOODPLAIN.
- ___ (9) A DRAINAGE PLAN IS REQUIRED, SHOWING WHERE WATER RUN OFF IS DIRECTED. RUN OFF CANNOT GO TO OR AFFECT A NEIGHBORING PROPERTY.
- ___ (10) THIS DOCUMENT MUST BE SIGNED AND DATED AND RETURNED WITH BUILDING PERMIT APPLICATION.

SIGNATURE OF APPLICANT

DATE

MAKE CHECK PAYABLE TO _____
IF MAILED: RETURN TO ROB KEHOE, 5041 Prestonwood Ln Flushing MI 48433

PERMIT HOLDER RESPONSIBILITIES

Part of the building process is identifying the job location and having inspections done at specific stages of construction. Before the inspector can begin inspecting the job the following must be done by the permit holder:

- ___ 1. The lot and the building location must be staked so the inspector can verify the location of the forms and footings relative to the lot lines.
- ___ 2. The permit must be posted and visible from the road.
- ___ 3. The location must be identified by a street number or a sign indicating the owner's or contractor's name (Hand painted numbers or signs are fine.)

INSPECTIONS

There are a number of inspections required in each of the four codes (building, electrical, mechanical, and plumbing); therefore, you must call us when you are ready for each type of inspection. Work must not proceed before the job is inspected and approved to continue. The required visual inspections are:

BUILDING:

- ___ FOOTING – between the time the forms for the footings are set and before any sills are attached. We would like to inspect prior to any concrete being poured because if the forms are in the wrong place it is MUCH cheaper to move forms than concrete. If you do not have an approval of forms, you pour at YOUR OWN RISK.
- ___ FOUNDATION – before back filling when the walls are complete, damp proofed, or water proofed, and the foundation drains are completely installed.
- ___ ROUGH-IN – when framing is completed BEFORE drywalling and AFTER electrical, plumbing and mechanical inspections.
- ___ FINAL – when project is complete and ready for occupancy, and AFTER electrical, plumbing, and mechanical final inspection.

ELECTRICAL:

- ___ TEMPORARY SERVICE – when temporary service is complete and ready for hook-up.
- ___ PERMANENT SERVICE – when permanent service is completed and ready for hook-up.
- ___ ROUGH-IN – BEFORE insulating or drywalling, when wiring which will be hidden is completed.
- ___ FINAL – when all fixtures are set, plates are on and the building is ready to be occupied.

MECHANICAL:

- ___ UNDERGROUND – if anything is to be covered by dirt or concrete.
- ___ ROUGH-IN – anything in walls (including ducts or chimneys) BEFORE drywalling.
- ___ FINAL – when all furnace and/or air conditioning are completed and operating and you are ready to occupy.

PLUMBING:

- ___ UNDERGROUND – when pipes are all run in ground, BEFORE you backfill or pour concrete.
- ___ ROUGH-IN – when pipes are all run in wall BEFORE drywalling, also drainage lines in ceiling of basement BEFORE covering.
- ___ FINAL – when fixtures are all set and operating and you are ready to occupy.

Please remember each job is different and goes at a different pace. Therefore, we have no idea when you are ready for any inspections unless you call us and let us know. Also, please make sure that you are actually ready for inspection. If an inspection is called for and the job is not ready, a re-inspection fee will be charged.

Thank you and good luck with your project!

Application for Building Permit

Brady Township

Mail to: Terry J Rose

3373 W Gratiot Countyline Rd

St Johns, MI 48879

Authority: 1972 PA 230
Completion: Mandatory to Obtain Permit
Penalty: Permit Will Not Be Issued

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must Be Completed for Plumbing, Mechanical and Electrical Work Permits

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------------|----------|
| I. PROJECT INFORMATION | | | | |
| Project Name | | Phone | Address | |
| City | Township | | County | Zip Code |
| Between | | And | | |
| II. IDENTIFICATION | | | | |
| A. OWNER OR LESSEE | | | | |
| Name | | Address | | |
| City | State | Zip Code | Telephone Number | |
| B. ARCHITECT OR ENGINEER | | | | |
| Name | | Address | | |
| City | State | Zip Code | Telephone Number | |
| License Number | | | Expiration Date | |
| C. CONTRACTOR | | | | |
| 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 | | | | |
| MESC Employer Number or Reason for Exemption | | | | |
| III. TYPE OF IMPROVEMENT AND PLAN REVIEW | | | | |
| A. TYPE OF IMPROVEMENT | | | | |
| 1. <input type="checkbox"/> New Building 3. <input type="checkbox"/> Alteration 5. <input type="checkbox"/> Demolition 7. <input type="checkbox"/> Foundation Only 9. <input type="checkbox"/> Relocation 2. <input type="checkbox"/> Addition 4. <input type="checkbox"/> Repair 6. <input type="checkbox"/> Mobile Home Set up 8. <input type="checkbox"/> Premanufacture 10. <input type="checkbox"/> Special Inspection | | | | |
| B. PLAN REVIEW REQUIRED | | | | |

Property Tax ID _____

Building Permit No. _____

Construction Value _____

Building Permit Fee _____

Date _____

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

1. ☐ One Family 3. ☐ Hotel, Motel
No. of Units _____
2. ☐ Two or More Family 4. ☐ Attached Garage
No. of Units _____
5. ☐ Detached Garage 6. ☐ Other _____

B. NON-RESIDENTIAL

7. ☐ Amusement ☐ 11. Service Station ☐ 15. School, Library, Educational
8. ☐ Church, Religion ☐ 12. Hospital, Institutional ☐ 16. Store, Mercantile
9. ☐ Industrial ☐ 13. Office, Bank, Professional ☐ 17. Tanks, Towers
10. ☐ Parking Garage ☐ 14. Public Utility ☐ 18. Other _____

NON RESIDENTIAL- DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED 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

- | | | | | |
|-----------------------------|------------------------------------------|----------|-------------|-------|
| 17. Number of Stories _____ | 21. Floor Area: | Existing | Alterations | New |
| 18. Use Group _____ | Basement | _____ | _____ | _____ |
| 19. Const. Type _____ | 1 st & 2 nd Floor | _____ | _____ | _____ |
| 20. No. of Occupants _____ | 3 rd – 10 th Floor | _____ | _____ | _____ |
| | 11 th – Above | _____ | _____ | _____ |
| | Total Area | _____ | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

22. Enclosed _____ 23. Outdoors _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Federal I.D. Number _____

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 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 X _____

Building Permit Fee Enclosed \$ _____ Date _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**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 _____

SITE OR PLOT PLAN

The Site or plot plan sheet must be used to show where the building will sit on the property. Lot lines must be shown with dimensions from all four sides. Do not measure from the center of the road for the front lot line. Use the road right-of-way line to measure setback from. A separate sheet of paper is attached to show a floor plan.

North

W
e
s
t

E
a
s
t

South

FLOOR PLAN

If unit is a manufactured or modular home, you must provide a copy of the unit spec sheet and floor plan.

