

POLE BUILDING PERMIT CHECKLIST

SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT
201 N. SHIAWASSEE ST.
SURBECK BUILDING, THIRD FLOOR
CORUNNA, MI 48817
PHONE #: 989-743-2396 FAX #: 989-743-2393

APPLICATION WILL NOT BE PROCESSED UNTIL ALL DOCUMENT HAVE BEEN RECEIVED

ZONING PERMIT

- _____ 1. Completed Zoning Permit Application and notarized Affidavit of Compliance.
- _____ 2. **Proof of Ownership:** A recorded deed or land contract with Liber and Page Number, or a recent tax billing statement that includes a full legal description.
- _____ 3. **Plot Plan:** A legible plot plan must include directional arrow, property dimension and all requirements that pertain to the property that are listed on the reverse side of the plot plan and sample.
- _____ 4. **Soil Erosion and Sedimentation Review:** A soil erosion review is required by the State of Michigan through the office of Environmental Health.
(989) 743-2390

BUILDING PERMIT

(Contractors must be registered with the Building Department)

- _____ 1. Completed Building Permit Application form.
- _____ 2. **Blueprints and/or Plans:** A complete set of building and foundation plans and specifications, including a cross-section of the proposed project.
- _____ 3. Completed Roof Loading Data Sheet or Truss Drawings with Application.

APPLICATION for a ZONING PERMIT
 Shiawassee County Community Development Department
 Surbeck Building • Third Floor
 201 North Shiawassee Street
 Corunna, Michigan 48817
 Phone: (989) 743-2396 • Fax: (989) 743-2393

App. Date: _____ Receipt # _____ Fee: \$ _____ Permit No. _____

Review Date: _____ Approved Denied By: _____

Property Address/Location		Applicant (if not Owner)		
Address/Street: _____		Name: _____		
Nearest Cross Rd.: _____		Address: _____		
Township: _____		City/State/Zip: _____		
Parcel Number: _____		Phone: _____		
Zoning District: _____		Fax: _____		
Owner Information		If New Construction or Addition		
Name: _____		Please Attach All That Apply:		
Address: _____		<input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey		
City/State/Zip: _____		<input type="checkbox"/> Proof of Ownership		
Phone: _____		<input type="checkbox"/> Septic Permit # _____ Well Permit # _____		
FAX _____		<input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit		
		<input type="checkbox"/> New Address		
X	Type of Request	Yes	No	For All Applications
	Non Residential or Business Use			Did you attach a "Site Plan Drawing"?
	Building/Zoning Permit Principal Use			Are you making grade (earth) changes?
	Building/Zoning Permit Accessory Use			Are you creating a pond?
	Certificate of Zoning Compliance			Is your project within 500 ft. of any surface water?
	Hazardous Material Storage			Is your project exclusively for agricultural use?
	Home Occupation Permit			Is this site currently violating the Zoning Ordinance?
		For Sign Permits Only		
	Temporary Building/Use Permit	Type of business: _____		
	Transfer of a Special Use Permit	Total display area in sq. ft.: _____		
	Amendment of a Site Plan	Proposed setback from RoW: _____		
	Razing or Moving Permit	Sign height: _____ Sign purpose: _____		
	Private Road Permit	Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other		
	Grading and/or Pond Permit	Height and width of wall: _____		
	Sign Permit	Attach Sign drawing showing copy <input type="checkbox"/>		
	Other (Damage, Yard, Pool)			
Describe Proposed Building or Land Use:				

AFFIDAVIT OF COMPLIANCE

I am the owner of, or the authorized agent of the owner, of the lot (parcel of land) described and shown on the attached site plan. I am familiar with the Shiawassee County Zoning Ordinance, including the related laws listed in Section 16.5.3. I hereby attest based upon my knowledge and belief that this request is complete, in compliance with, and warrants approval under the Shiawassee County Zoning Ordinance of 1982, as amended.

 Signature of Applicant _____
 Date

"Affidavit of Compliance"

(As outlined within Section 16.5.3 of the Shiawassee County Zoning Ordinance/June 7, 1999)

I, _____, am the owner of, or the authorized agent of the owner of the lot (parcel of land) described on the attached site plan. I have read and understand the terms of the Affidavit of Compliance as listed below and agree to comply with the following, as applicable:

- A. The Land Division Act, Public Act 288 of 1967, as amended.
- B. The Shiawassee County Health Department Sanitary Code.
- C. The Flood Plain regulations of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 31, as amended.
- D. Michigan Public Health Code, Public Act 368 of 1978, as amended.
- E. Farmland and Open Space Preservation provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 361, as amended.
- F. Wetlands Protection provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 303, Section 324.30301 et.seq., as amended.
- G. Inland Lakes and Streams provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 301, Section 324.30101, et.seq., as amended.
- H. "Miss Dig Law", Act 53, as amended.
- I. Airport Zoning Act, Public Act 23 of 1950, as amended.
- J. State Construction Code Act, Public Act 230 of 1972, as amended.
- K. The Shiawassee County Drain Commission Standard Construction specifications for open and closed drains.
- L. The Shiawassee County Subdivision Control Procedures pursuant to Public Act 288 of 1967, as amended.
- M. The Shiawassee County Soil Erosion and Sedimentation Control Ordinance, and any Applicable regulations of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 91, Section 324.9101 et. seq., as amended.
- N. Michigan Department of Environmental Quality rules for Land Divisions, as amended.
- O. All township or village ordinances that are applicable to the proposed building, structure, or land use.
- P. All other State, Federal, or local laws, rules, or regulations applicable to the proposed building, structure, or use of the property.

Signature of Applicant

Date

STATE OF MICHIGAN)
COUNTY OF SHIAWASSEE)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Notary Public, _____, MI

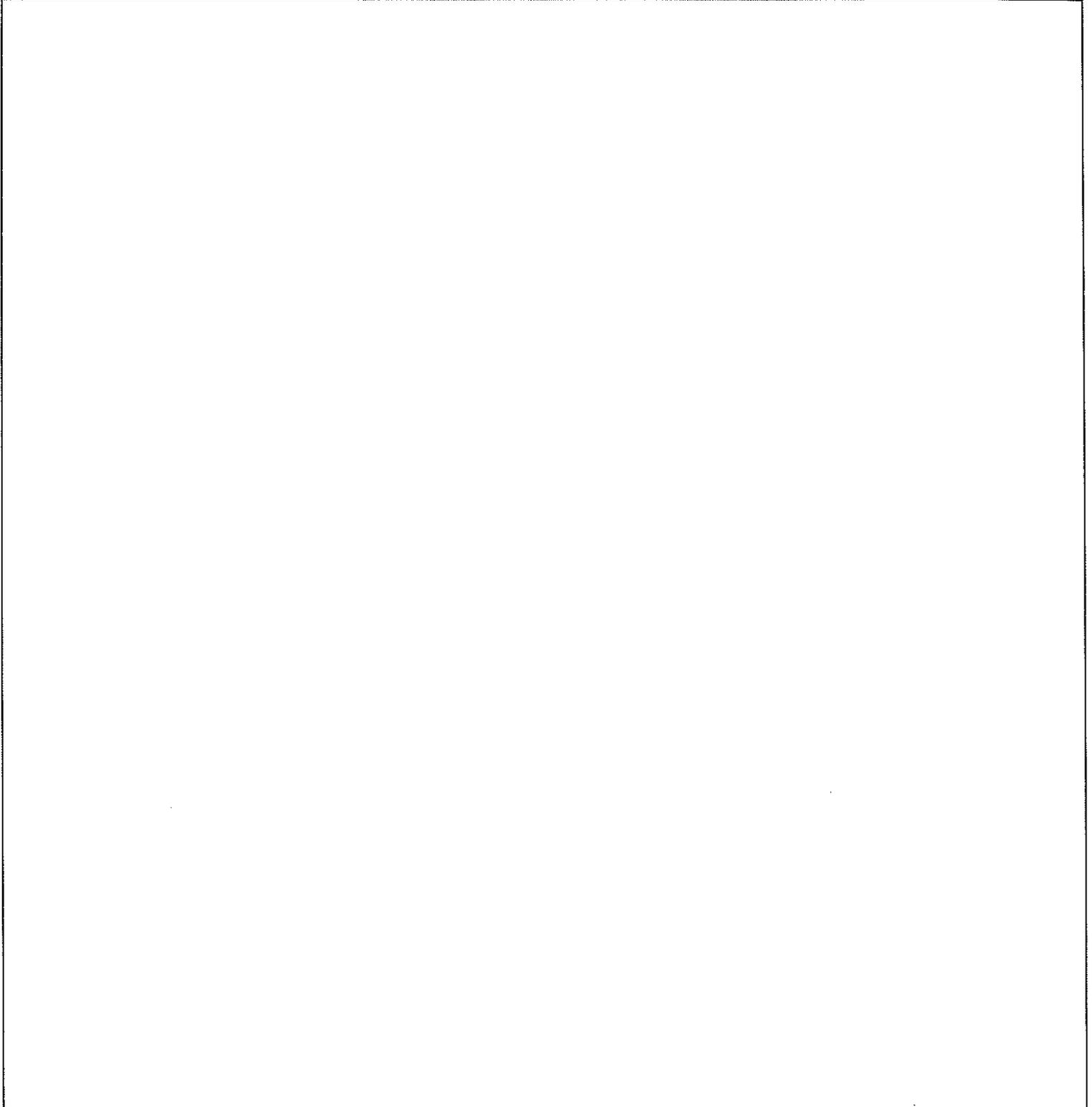
My Commission Expires: _____

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME _____ PROJECT ADDRESS _____

LOT SIZE _____ or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)



CENTER LINE OF ROAD

SITE PLAN REQUIREMENTS

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately locate Driveway and give distance from closest lot line
7. Indicate any unique features of the property, such as drain, ditches or streams, etc. and the distance for the building site.

SAMPLE

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

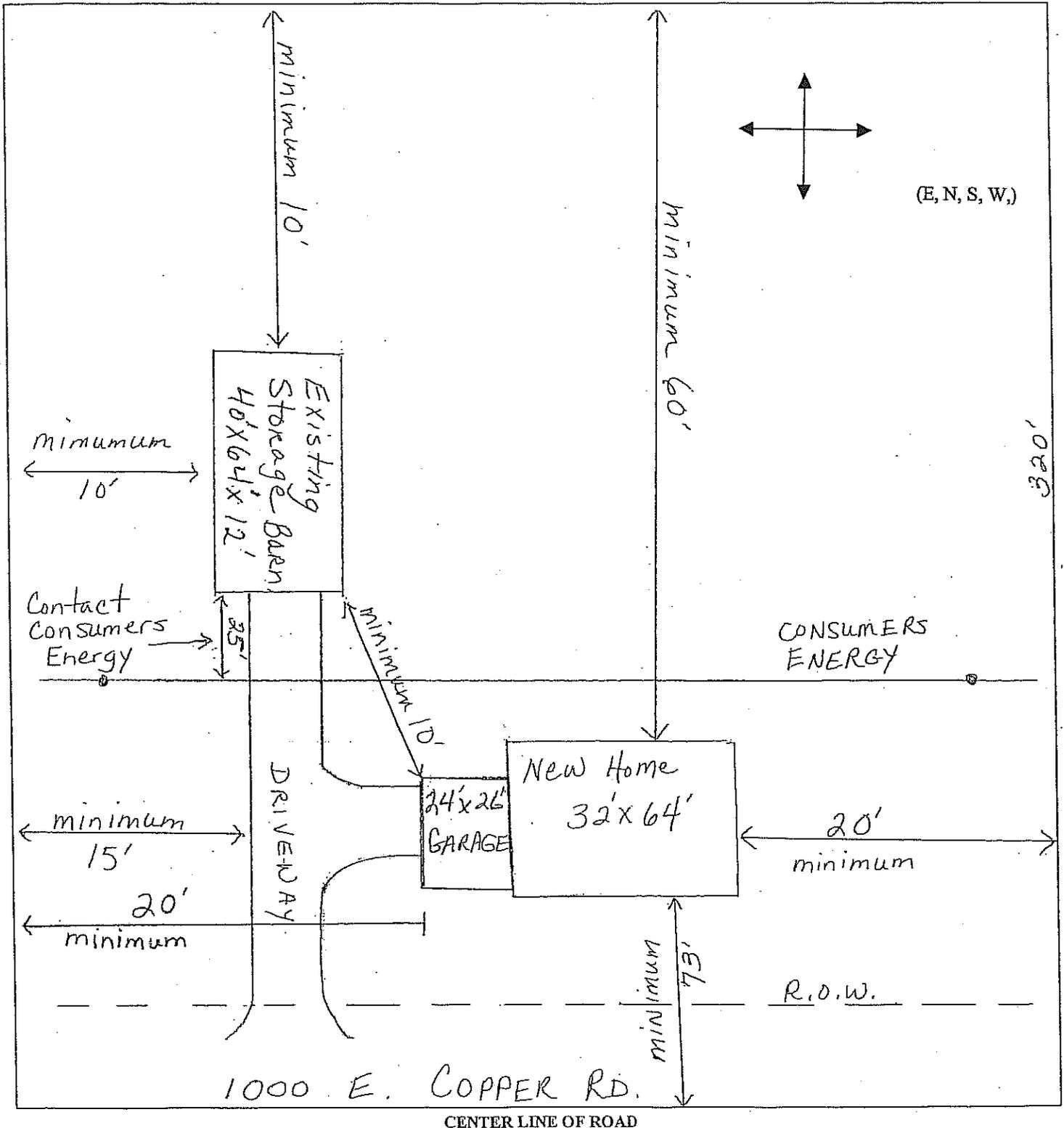
NAME John Doe

PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



SITE PLAN REQUIREMENTS

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
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SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT

201 NORTH SHIAWASSEE STREET
SURBECK BUILDING • THIRD FLOOR
CORUNNA, MI 48817

PHONE: (989) 743-2396 • FAX: (989) 743-2393
INSPECTION LINE: (989) 743-2280

BUILDING PERMIT APPLICATION

<input type="checkbox"/> Residential	<input type="checkbox"/> Remodel	<input type="checkbox"/> Foundation Only	Date: _____
<input type="checkbox"/> Modular	<input type="checkbox"/> Addition	<input type="checkbox"/> Multi-Family	Permit #: _____
<input type="checkbox"/> Double Wide	<input type="checkbox"/> Pole Building	<input type="checkbox"/> Demolition	Receipt #: _____
<input type="checkbox"/> Mobile Home (Permanent)	<input type="checkbox"/> Garage	<input type="checkbox"/> Commercial	Class: _____
	<input type="checkbox"/> Decks/Porches	<input type="checkbox"/> Relocation	
	<input type="checkbox"/> Other		

Incomplete applications will be rejected

Name of Owner
Address of Job:
Township/Section/Subdivision/Lot
Parcel Number 78-

Contractor/Homeowner Information

Applicant:
Address
City/State/Zip:
Telephone Number (with area code): Homeowner: _____ Contractor: _____
Federal Employer Identification Number:
M.E.S.C. Employer Number:
Workers Compensation/Disability Insurance Carrier:
Builder's License Number, Expiration Date:

Description of Work:

Proposed Use: _____

<input type="checkbox"/> Special Use Permit Granted	Date: _____
<input type="checkbox"/> Variance Granted	Date: _____

HOMEOWNERS AFFIDAVIT: I hereby certify that the building work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Building Code and will not be covered, enclosed or put into service until it has been inspected and approved by a Shiawassee County Inspector. I will cooperate with the County and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

HOMEOWNER'S SIGNATURE

CONTRACTOR'S SIGNATURE

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

	COST	NO. UNITS	TOTAL
PERMIT FEES			
Application Fee (non refundable)	\$ 40.00		\$ 40.00
Rough Inspection	40.00		
Final Inspection	40.00		
Reinspection (in advance)	60.00		
Additional Inspection	40.00		
Certificate Fee	25.00		
Plan Review (min. fee/\$50.00/hr. after)	200.00		
BUILDING TYPE			
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry		
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel		
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other		
FOUNDATION			
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall		
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing		
<input type="checkbox"/> Ratwall	<input type="checkbox"/> Other		
BUILDING DIMENSIONS (Measured in Sq. Feet)			
Dwelling: 1st floor _____	2nd floor _____		
Garage: _____	Acc. Bldg: _____		
BASEMENT (please note size)			
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg/Unfin. _____ x _____		
<input type="checkbox"/> Reg/Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____		
NUMBER OF ROOMS			
# of rooms (excluding bathrooms & great rooms = 1 room) _____			
# of bathrooms _____			
# of bedrooms _____			
WINDOW INFORMATION			
Brand: _____			
<input type="checkbox"/> Double Hung	<input type="checkbox"/> Single Hung		
<input type="checkbox"/> Casement	<input type="checkbox"/> Slider		
<input type="checkbox"/> Other _____			
FURNACE/VENTS			
<input type="checkbox"/> PVC	<input type="checkbox"/> Masonry		
<input type="checkbox"/> Class "B" Metal	<input type="checkbox"/> Other		
SMOKE DETECTORS (Must be hardwired with battery backup)			
# of Smoke Detectors _____			
FIREPLACE			
<input type="checkbox"/> Masonry	<input type="checkbox"/> Prefab		
SIDING/ROOFING			
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum		
<input type="checkbox"/> Wood	<input type="checkbox"/> T1-11		
<input type="checkbox"/> Brick	<input type="checkbox"/> Other _____		
Roof: _____			
SWIMMING POOLS			
<input type="checkbox"/> Above Ground	\$ 30.00		
<input type="checkbox"/> Below Ground	\$ 80.00		
TOTAL FEE TO BE PAID (Calculated by Staff) \$ _____			

PLAN REVIEW REQUIRED

A plan review may be required before work is started. Only homes of under 3,500 square feet are exempt from plan review. Have plans been submitted for plan review?

YES NO NOT REQUIRED

Official: _____

Date Approved: _____

Roof Loading Data Sheet

Authority: Act 230 PA 1972, as amended
 Completion: Completed prior to application for plan review and building permit. This form is a voluntary form used to assist in the permit approval process.

Jurisdictional information should be included in this space

Applicant's Name:		Date:
Applicant's Address:		Permit Number:
City:	State:	Zip:
Applicant's Signature:		
Job Location:		
Address:		
Township/Village/City:		County:

THIS FORM SHOULD BE COMPLETED BY THE PERMIT APPLICANT, OR DESIGN PROFESSIONAL FOR C_e, C_t, AND I, PLACE AN "X" IN THE APPROPRIATE BOX THAT BEST DESCRIBES THE STRUCTURE.

Ground Exposure, P_g = 30 From Figure R301.2(5) MRC or Figure 1608.2 MBC

Exposure Factor C _e							
Exposure		Fully Exposed ¹		Partially Exposed ²		Sheltered ³	
A	Large city center with at least 1/2 the buildings exceeding 70 ft. in height.	N/A		1.1		1.3	
B	Urban and suburban areas, wooded areas or other terrain with closely spaced objects having the size of single-family dwellings or larger.	0.9		1		1.2	
C	Open terrain with scattered obstructions having heights less than 30 ft. (flat open country)	0.9		1		N/A	
D	Flat unobstructed areas exposed to wind flowing over open water for a distance of at least 1 mile. (i.e. Great Lakes.)	0.8		0.9		N/A	

¹Fully Exposed: Roofs exposed on all sides with no shelter by terrain, higher structures, or trees.

²Partially Exposed: All roofs except those designated as "fully exposed" or "sheltered."

³Sheltered: Roofs located tight among conifers that qualify as obstructions.

Thermal Factor C_t

Thermal Condition ⁴	C _t
All structures except as listed below	1
Structures kept just above freezing and those with cold, ventilated roofs with an R factor of 25 or greater between the ventilated and heated spaces, such as attics	1.1
Unheated structures and those intentionally kept below freezing, such as seasonal building or storage buildings	1.2
Continuously heated greenhouse with a roof R Value less than 2 and having an interior temperature maintained at about 50 degrees 3 ft above the floor during winter months and a temperature alarm system or an attendant to warn of a heating failure.	0.85

⁴These conditions shall be representative of the anticipated conditions during winter months for the life of the structure

Importance Factor

Category	I
I Building and other structures representing low hazard to human life, i.e.: Agricultural, Temporary, and Minor Storage Facilities.	0.8
II All buildings except those listed in Categories III and IV.	1
III Building and other structures representing substantial hazard to human life in the event of failure.	1.1
IV Buildings and other structures designated as essential facilities.	1.2

Attic Live Load

Entire Attic	Y/N
Specific Areas (if yes, list areas below)	Y/N
List Rooms:	

INSPECTION REQUEST INFORMATION

INSPECTION REQUEST LINE: 989-743-2280

ELECTRICAL, MECHANICAL & PLUMBING INSPECTIONS ARE DONE ON MONDAY & WEDNESDAY. BUILDING INSPECTIONS ARE DONE ON TUESDAY & THURSDAY. NO INSPECTION WILL BE DONE ON FRIDAY. FOR THE CONVENIENCE OF OUR CUSTOMERS, SHIAWASSEE COUNTY INSPECTION REQUESTS CAN BE FAXED TO: (989) 743-2393 (FAX FORMS ARE AVAILABLE IN THE OFFICE).

PLEASE HAVE THE FOLLOWING INFORMATION READY:

ADDRESS OF PROJECT

TYPE OF PERMIT

(Building, Electrical, Plumbing, etc.)

TYPE OF INSPECTION

(Underground, Rough, Final, etc.)

CONTACT INFORMATION OF THE PERSON WHO PULLED THE PERMIT

HOW TO GAIN ACCESS TO PROJECT

(Key Location, Lock Box Number, Open, etc.)

ADDITIONAL INSPECTIONS ARE \$40.00

REINSPECTION FEES ARE \$60.00

AND

MUST BE PAID PRIOR TO THE REINSPECTION

TO CONTACT AN INSPECTOR CALL THE MAIN OFFICE

(989) 743-2396

POLE BUILDING PLAN REVIEW REQUIREMENTS

2003 MICHIGAN RESIDENTIAL BUILDING CODE

Depth and diameter of post footing

Size of posts and spacing

Size and spacing of sidewall purlins

Size and number of truss carriers/headers

Type and location of truss ties/blocks

Roof framing materials (pre-engineered trusses or rafters)

Type of roof sheathing

All door and window sizes, including locations

A description of the exterior coverings

Location on the lot

The above items are a general list to start the plan review, if you have any circumstances that may affect the final approval of your project, please address these on your plans.

FOOTING REQUIREMENTS FOR POLE BUILDINGS

T. = Thickness

D. = Diameter

Width of Building with poles set on 8 feet centers.

One Story Building:

T. D.
12Ft. = 06" X 12"

16Ft. = 06" X 12"

20Ft. = 06" X 12"

24Ft. = 06" X 12"

28Ft. = 08" X 16"

32 Ft. = 08" X 16"

36Ft. = 08" X 16"

40Ft. = 08" X 16"

44Ft. = 08" X 16"

48Ft. = 08" X 16"

52Ft. = 08" X 20"

56Ft. = 08" X 20"

60Ft. = 08" X 20"

Width of Building with poles set on 4 Feet Centers.

64Ft. = 12" X 24"

68Ft. = 12" X 24"

72Ft. = 12" X 30"

76Ft. = 12" X 36"

80Ft. = 12" X 36"

Two Story Building:

T. D.
12Ft. = 06" X 12"

16Ft. = 06" X 12"

20Ft. = 06" X 12"

24Ft. = 06" X 12"

28Ft. = 08" X 16"

32Ft. = 08" X 16"

36Ft. = 08" X 16"

40Ft. = 08" X 20"

44Ft. = 08" X 20"

48Ft. = 08" X 20"

52Ft. = 12" X 24"

56Ft. = 12" X 24"

60Ft. = 12" X 24"

64Ft. = 12" X 30"

68Ft. = 12" X 30"

72Ft. = 12" X 30"

76Ft. = 12" X 36"

80Ft. = 12" X 36"