

TEMPORARY TRAILER CHECKLIST

(To be used during new construction, restoration or restoration construction)

- _____ 1. Completed Zoning Permit Application and a notarized “ Affidavit of Compliance”.
- _____ 2. Proof of Ownership such as a recorded deed or land contract, tax bill or tax book page.
- _____ 3. Site Plan depicting the setbacks of the temporary building. (Include distances from other buildings, the well and drain field)
- _____ 4. Verification of Septic and Well Inspections for approval of temporary hook-up to the mobile home from Environmental Health.
- _____ 5. A \$2000.00 Bond in the form of an Irrevocable Bank Letter of Credit, a Performance Guarantee running to Shiawassee County, or a Check written to the Shiawassee County Treasurer. The Performance Guarantee is cancelled when the mobile home is removed from the property.
- _____ 6. Building Permit application with manufacturers specifications for tiedowns.
- _____ 7. Electrical permit for service, Mechanical permit for gas hook-up, and Plumbing permit for the sanitary drain connection and water line hook-up. The applications must be from licensed contractors.
- _____ 8. Certificate of Occupancy after all final inspections have been completed by the Building Department.

COST FOR ALL PERMITS IS \$421.00

*A temporary mobile home permit is granted for one (1) year from date of approval.
The mobile home must have been constructed after 1976 and be in good condition.*

ARTICLE 5 SUPPLEMENTAL REGULATIONS

TEMPORARY BUILDINGS, STRUCTURES & USES

5.8 Temporary buildings, structures, and uses are permitted in all districts only under the following conditions:

1. Habitation of Accessory Structures, Tents and Travel Trailers as Temporary Dwellings:
Except for tents and recreational vehicles in bona fide campgrounds, no structure shall be used for dwelling purposes for more than two (2) weeks in any month that does not meet the minimum standards for a dwelling unit as defined in this Ordinance and the State Construction Code Act, Public Act 230 of 1972, with amendments. This means that no garage or other accessory building, cellar, basement, cabin, or partial structure, whether of a fixed or portable construction, nor any tent, trailer coach, mobile home or other structure not in compliance with P. A. 230 of 1972, shall be erected or moved onto a lot and used for any temporary dwelling purpose unless authorized by the Zoning Administrator by the issuance of a temporary Zoning Permit as provided for in Section 5.8 (2) and Section 16.5.6.
2. Temporary Housing: The Zoning Administrator may issue a temporary Zoning Permit for a mobile home or other temporary dwelling unit used for temporary dwelling purposes, subject to the following limitations and procedures:
 - a) The purpose of the temporary housing is either to provide on-site housing for residents of the lot while a new dwelling unit is being constructed or while rebuilding due to fire, collapse, explosion, act of God or acts of a public enemy;
 - b) The permit is for a period not longer than one (1) year based on evidence presented by the applicant that he/she can have the foundation and complete building framing in place within six (6) months and the entire residence completed within one (1) year. This period may be extended up to one (1) additional year by the Board of Appeals when the following standards are met:
 - 1) A good faith effort has been shown to build a new or rebuild a destroyed dwelling unit;
 - 2) The time extension is reasonably necessary considering the practical difficulties associated with actual construction;
 - 3) Occupancy of the structure being rebuilt is reasonably possible within the time extension;
 - 4) Granting of the time extension to the applicant and other similarly situated parties will not prohibit enforcement of any provisions of this Ordinance, unduly overburden administration and enforcement resources, or adversely affect general health, welfare and safety of adjacent properties or general community.
 - c) The lot or parcel is located in the A-1, A-1½, or A-2 District, or any residential district;
 - d) A performance guarantee pursuant to Section 16.10 is collected and said temporary dwelling is removed within fifteen (15) days after construction is complete.

- e) The following additional approvals are obtained: 1. A building permit from the Building Official, 2. Approval of a septic system and well from the Shiawassee County Health Department, 3. A driveway permit from the County Road Commission or Michigan Department of Transportation, as applicable.
- f) Any Mobile home permitted by temporary permit for purposes other than a) or b) above prior to April, 1999, may be issued a temporary permit by the Zoning Administrator for continuation of use of an existing mobile home by the present occupant, but no other, provided the dwelling remains in good structural condition, the septic system and well remain approvable by the Shiawassee County Health Department and a performance guarantee pursuant to Section 16.10 is collected to insure the temporary mobile home is removed within thirty (30) days of its no longer being used by the present occupant.

(7/04)

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: <input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Septic Permit # _____ Well Permit # _____ <input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit <input type="checkbox"/> New Address		
Address: _____				
City/State/Zip: _____				
Phone: _____				
FAX _____				
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

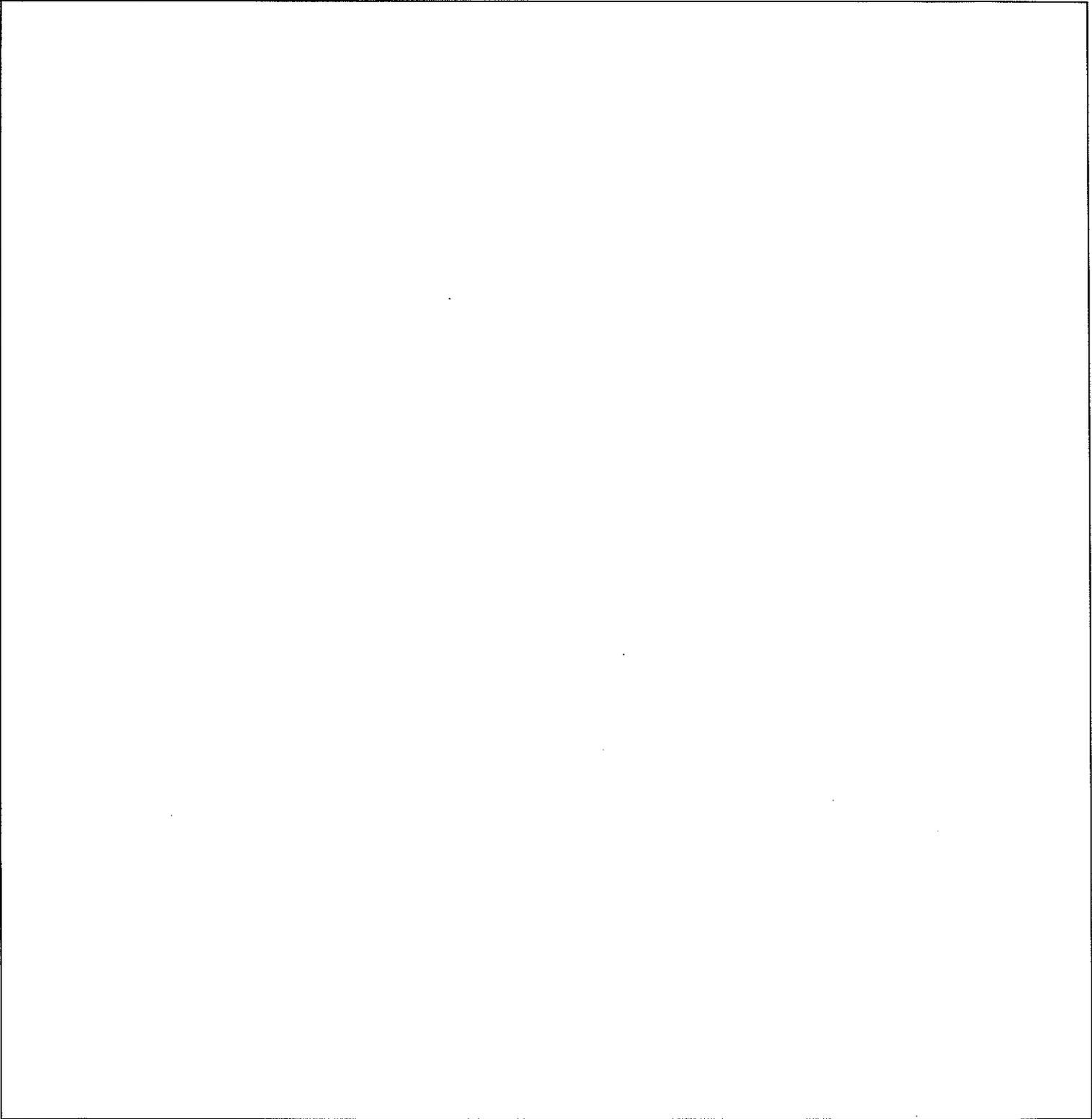
My Commission Expires: _____

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

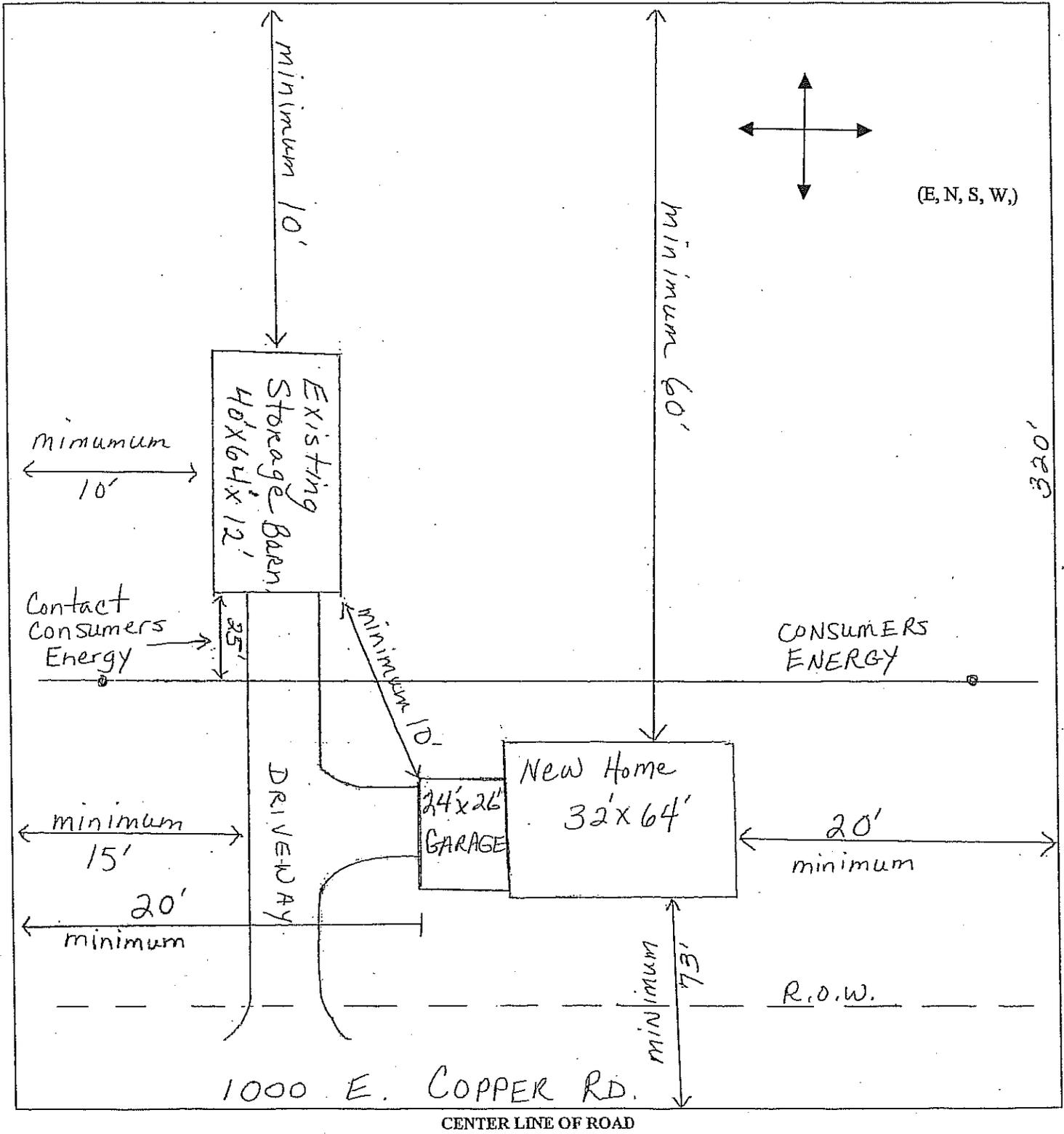
NAME John Doe

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.
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.

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 7B-

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

Offical: _____

Date Approved: _____

ELECTRICAL PERMIT APPLICATION

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

Permit # _____

Receipt # _____

Request # _____

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> NEW CONST | <input type="checkbox"/> SERV. ONLY | <input type="checkbox"/> PRE-MFD/MOD |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> UPGRADE | <input type="checkbox"/> HUD/MFD/DW |
| <input type="checkbox"/> ALTER/REPAIR | <input type="checkbox"/> ACC. BLDG. | <input type="checkbox"/> SW OR IN A PARK |

PROJECT DETAILS _____

DO NOT START WORK BEFORE PERMIT IS ISSUED

Incomplete applications will be rejected

Name of Owner:
Address of Job:
Township/Section/Subdivision/Lot:

CONTRACTOR/HOMEOWNER INFORMATION

Applicant:	
Address:	
City/State/Zip:	
Area Code and Phone Number	
Homeowner:	Contractor:
Federal Employer Identification Number:	
M.E.S.C. Employer Number:	
Workers Compensation/Disability Insurance Carrier:	
License Number, Expiration Date:	

BUILDING DIMENSIONS (Measured In Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg.: _____

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 _____
<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) _____	
# of bathrooms _____	
# of bedrooms _____	

BASEMENT (please note size)

HOMEOWNERS AFFIDAVIT: I hereby certify that the electrical 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 Electrical 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.

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.

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00		\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00		
4. Grounding Inspection	40.00		
5. Service through 200 Amp.	40.00		
6. Over 200 Amp.	45.00		
7. Sub-Panel-Indoor	50.00		
8. Acc. Bldg. - UG/From House	60.00		
9. Smoke Detectors (ea)	5.00		
10. # of Circuits (ea)	7.00		
11. Lighting Fixtures (per 25)	10.00		
12. Furnace - Unit Heater or A.C.	10.00		
13. Electrical Baseboard (ea)	10.00		
14. Power Outlets (ranges, dryers, etc.)	10.00		
15. Dishwasher, Garbage Disposal, etc. (ea)	10.00		
K.V.A. and H.P. RATED EQUIPMENT			
16. Units up to 20 K.V.A. and H.P.	15.00		
17. Units 21 to 50 K.V.A. or H.P.	20.00		
18. Units 51 K.V.A. or H.P. and over	25.00		
MISCELLANEOUS			
19. Special/Safety Inspection	40.00		
20. Additional Inspection	40.00		
21. Evaluation	50.00		
TOTAL FEE TO BE PAID			

**PLAN REVIEW REQUIRED FOR HOMES WITH OVER 400 AMP. SERVICE
+OR HAVE 3500 SQ. FT.**

APPROVED _____

DATE _____

SIGNATURE OF HOMEOWNER/APPLICANT-LICENSEE _____

RECEIVED
(STAMP HERE)

MECHANICAL PERMIT APPLICATION

SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT

Permit # _____

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

Receipt # _____

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

- | | | | |
|---------------------------------------|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> NEW CONST | <input type="checkbox"/> FURNACE ONLY | <input type="checkbox"/> PRE-MFD/MOD | <input type="checkbox"/> ACC BLDG |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> A/C ONLY | <input type="checkbox"/> HUD/MFD/DW | <input type="checkbox"/> L/P ONLY |
| <input type="checkbox"/> ALTER/REPAIR | <input type="checkbox"/> BOILER ONLY | <input type="checkbox"/> SW OR IN A PARK | |

PROJECT DETAILS _____

DO NOT START WORK BEFORE PERMIT IS ISSUED

Incomplete applications will be rejected

Name of Owner:
Address of Job:
Township/Section/Subdivision/Lot:

CONTRACTOR/HOMEOWNER INFORMATION

Applicant:	
Address:	
City/State/Zip:	
Area Code and Phone Number Homeowner:	Contractor:
Federal Employer Identification Number:	
M.E.S.C. Employer Number:	
Workers Compensation/Disability Insurance Carrier:	
License Number, Expiration Date:	

BUILDING DIMENSIONS (Measured In Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg.: _____

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 _____
<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) _____	
# of bathrooms _____	
# of bedrooms _____	

BASEMENT (please note size)	

HOMEOWNERS AFFIDAVIT: I hereby certify that the mechanical 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 Mechanical 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.

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PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00		\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00		
4. Burners Under 400,000 BTU's	40.00		
Over 400,000 BTU's	60.00		
5. Solid Fuel Equipment/Water Heater	40.00		
6. Combined Fuel Furnaces	45.00		
7. Solar Equipment (Each Panel)	35.00		
AIR CONDITIONING, REFRIGERATION AND HEAT PUMPS			
8. Air Conditioning Units	35.00		
9. Heat Pumps	40.00		
AIR HANDLERS, SELF-CONTAINED UNITS			
10. Under 1,500 CFM	25.00		
Over 1,500 CFM	50.00		
DEDICATED VENT SYSTEMS			
11. All Fuel Chimney	25.00		
12. Class "B" Vent	20.00		
13. Exhaust Fan - Kit., Bath, Etc.	15.00		
14. Clothes Dryer	15.00		
HEATERS - GAS FIRED, STEAM/HOT WATER			
15. Unit Heater - Boiler	40.00		
16. Infra-Red Heaters	40.00		
17. Pool Heaters	40.00		
DUCT, GAS PIPING & FIRE SUPPRESSION SYS. (Based on Bid)			
18. Duct System Under \$2,000.00	25.00		
Each additional \$2,000.00	10.00		
19. Duct, Underground Per Inspection	40.00		
20. Gas Piping/Main Lines	25.00		
21. Each Branch Opening	5.00		
22. Hydronic/Process-Piping Main Line:	15.00		
23. Per Floor	250.00		
24. Hydronic Air Handler for Htg.	25.00		
MISCELLANEOUS			
25. Humidifiers	15.00		
26. Electronic Air Cleaner with Washer	15.00		
27. Energy Conservation Device	15.00		
28. Water Heater-Gas, Elect., or Oil Fired	15.00		
29. LPG/Fuel Oil Installation	40.00		
30. Additional Lines	15.00		
31. Evaluation	50.00		
32. Additional Inspection	40.00		
33. Combination Htg./AC	40.00		
TOTAL FEE TO BE PAID			

APPROVED _____ DATE _____

SIGNATURE OF HOMEOWNER/APPLICANT-LICENSEE _____

RECEIVED
(STAMP HERE)

PLUMBING PERMIT APPLICATION

SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT

Permit # _____

201 NORTH SHIAWASSEE STREET

SURBECK BUILDING - THIRD FLOOR

CORUNNA, MI 48817

PHONE: (989) 743-2396 - FAX: (989) 743-2393

INSPECTION LINE: (989) 743-2280

Receipt # _____

- NEW CONST PRE-MFD/MOD
 ADDITION HUD/MFD/DW
 ALTER/REPAIR SW OR IN A PARK

PROJECT DETAILS _____

DO NOT START WORK BEFORE PERMIT IS ISSUED

Incomplete applications will be rejected

Name of Owner:
Address of Job:
Township/Section/Subdivision/Lot:

CONTRACTOR/HOMEOWNER INFORMATION

Applicant:	
Address:	
City/State/Zip:	
Area Code and Phone Number Homeowner:	Contractor:
Federal Employer Identification Number:	
M.E.S.C. Employer Number:	
Workers Compensation/Disability Insurance Carrier:	
License Number, Expiration Date:	

BUILDING DIMENSIONS (Measured In Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg.: _____

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 _____
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg./Unfin. _____ x _____
<input type="checkbox"/> Reg./Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____

WATER SOURCE	
<input type="checkbox"/> Septic/Well	<input type="checkbox"/> Municipal System

NUMBER OF ROOMS	
# of rooms (excluding bathrooms) _____	
# of bathrooms _____	
# of bedrooms _____	

BASEMENT (please note size)	

HOMEOWNERS AFFIDAVIT: I hereby certify that the plumbing 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 Plumbing 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.

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.

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00		\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00		
FIXTURES, DRAINS, WATER CONNECTED APPLIANCES, STACKS			
4. Fixtures, floor drains, special drains, water connected appliances (ea)	8.00		
5. Stacks (soil, waste, vent & conductor, ea.)	6.00		
6. Ejector pump	35.00		
WATER SERVICE			
7. Less than 2"	15.00		
2" to 6"	35.00		
Over 6"	65.00		
8. Water heater (gas or oil fired)	15.00		
9. Connection bldg. drain-bldg. sewers (ea.)	7.00		
10. Water Softener	15.00		
SEWERS (sanitary, storm, or combined)			
11. Less than 6"	10.00		
6" and Over	30.00		
WATER DISTRIBUTING PIPE (system)			
12. 3/4" Water Distribution Pipe	10.00		
1" Water Distribution Pipe	15.00		
1 1/4" Water Distribution Pipe	20.00		
1 1/2" Water Distribution Pipe	25.00		
2" Water Distribution Pipe	30.00		
Over 2" Water Distribution Pipe	35.00		
MISCELLANEOUS			
13. Reduced pressure zone back-flow preventer (ea.)	15.00		
14. Additional Inspection Ea.	40.00		
15. Evaluation	50.00		
TOTAL FEE TO BE PAID			

APPROVED _____

DATE _____

CD-4 SIGNATURE OF HOMEOWNER/APPLICANT-LICENSEE _____

RECEIVED
(STAMP HERE)

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