

NEW HOME CHECKLIST

Shiawassee County Building & Zoning Departments
201 N. Shiawassee St., Third Floor, Corunna, MI 48817
(989) 743-2396

APPLICATIONS WILL NOT BE ISSUED WITHOUT REQUIRED DOCUMENTATION

ZONING PERMITS

- ____ 1.) Completed Zoning Permit Application and the notarized "Affidavit of Compliance".
- ____ 2.) New Address Request from the Shiawassee County Building Department.
- ____ 3.) Approved, signed, Septic Permit from the Environmental Health Dept.
- ____ 4.) Approved, signed, Well Permit from the Environmental Health Dept.
- ____ 5.) Approved, signed, Driveway Permit from the Shia. Co. Road Commission
- ____ 6.) Proof of ownership: a recorded Land Contract or Deed (with liber and page number) with a legal description of the property.
- ____ 7.) Acceptable, legible, Plot Plan, which must include property dimensions; side & rear setbacks from property lines & front setbacks from road right-of-way. Also include distances from other structures on the property, overhead wires, drains, etc.
- ____ 8.) Certificate of Land Division approval or Tax Payment History.
- ____ 9.) A Soil Erosion and Sedimentation Review is requested by the Shiawassee County Office of Environmental Health. Verification of this process is required.
- ____ 10.) Copy of a floor plan to verify square footage requirements.

BUILDING PERMIT

Contractors must be registered with the Building Department

- ____ 1.) Completed Building Permit Application.
- ____ 2.) Completed set of building & foundation plans/specifications, including a cross section.
- ____ 3.) Completed Roof Loading Data Sheet or Truss Drawings with Application

ADDRESS REQUEST FORM
Shiawassee County Community Development Department
201 N. Shiawassee St., Surbeck Building, Third Floor
Corunna, MI 48817
(989) 743-2396 FAX (989) 743-2393

Fee: \$20.00 **Receipt #: _____**

Date Requested: _____ Date Issued: _____

Applicant: _____ Owner: _____

Applicant's Current Mailing Address:

Address City/State/Zip Code

Daytime Ph. Number: _____ Alternate Ph. Number _____

Location of site needing address: _____
Twp Road Name Sect. No.

Tax Roll #: 078-_____ Parcel/Lot #: _____

**THE TAX ROLL NUMBER IS IMPORTANT IN LOCATING THE PROPERTY. IT
MUST BE INCLUDED ON EACH APPLICATION. THE APPLICATION WILL NOT
BE ACCEPTED WITHOUT THE TAX ROLL NUMBER.**

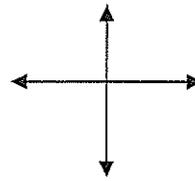
Instructions:

- 1) Sketch parcel with location of approved driveway in relation to property lines in feet.
(See Back)
- 2) Make all observation for diagram when facing the property in question
- 3) As you face your property indicate the compass direction on your sketch.
(North, South, East, West)
- 4) Indicate the crossroads in both directions.
- 5) Indicate the nearest addresses.
- 6) Land Division Certificate or if lot established prior to 1997 the original Tax Roll Card
- 7) If a subdivision, you must provide the name of the subdivision and a plot map.
- 8) **Registered Deed or Land Contract.**

NAME SIGN AT DRIVEWAY – CALL WHEN READY

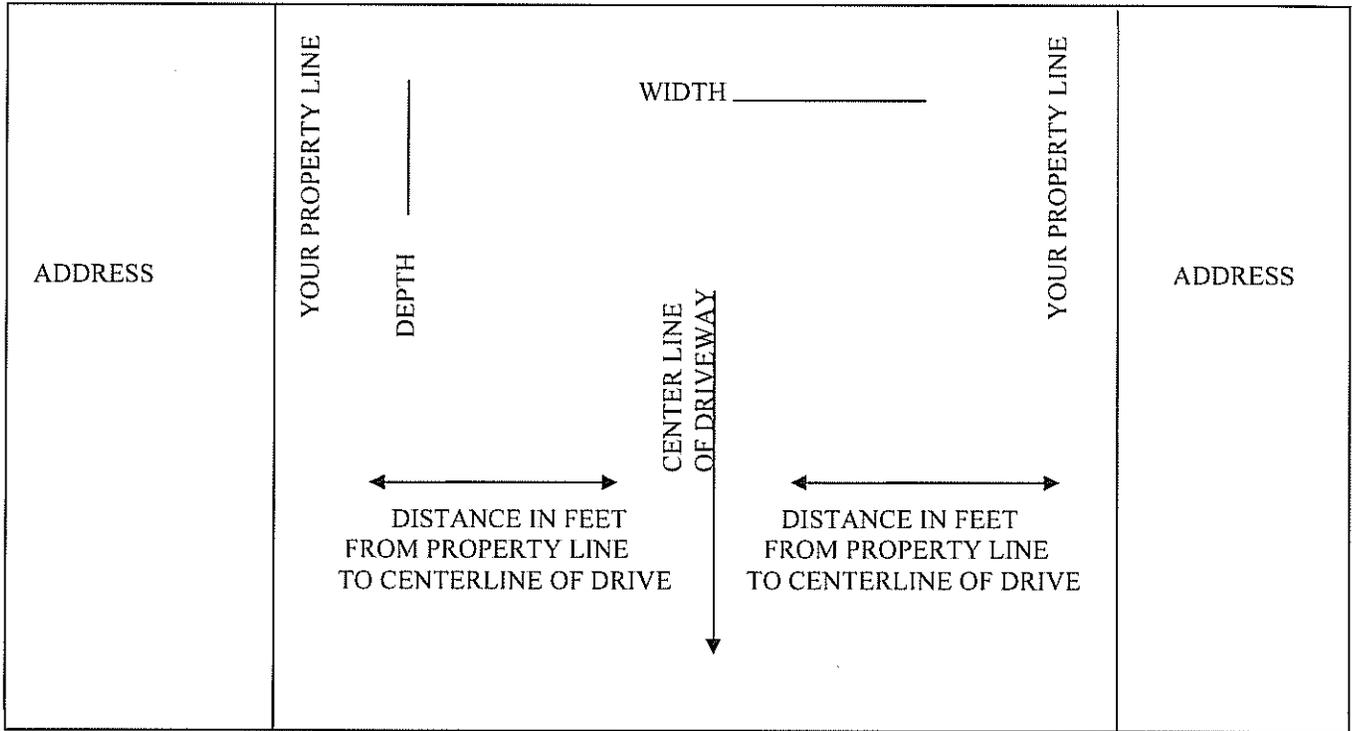
**Drawing Space On Reverse Side
Please Print Clearly**

SKETCH NEED NOT BE TO SCALE BUT
BE SURE MEASUREMENTS ARE ACCURATE



(E, N, S, W,)

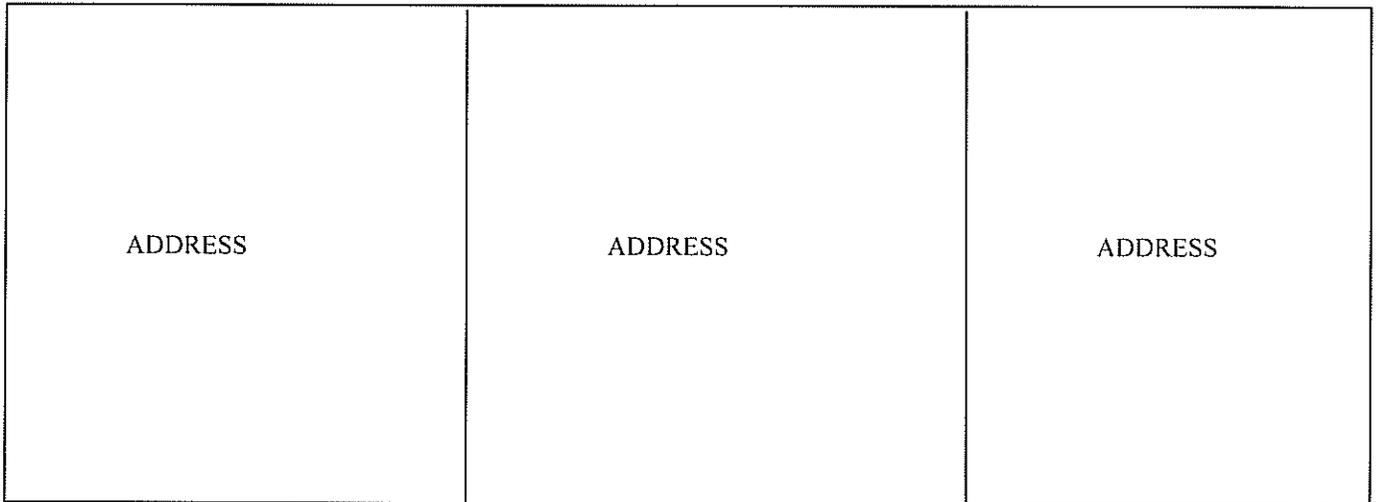
DRIVEWAY MUST BE A MINIMUM OF 15 FEET OFF SIDE LOT LINES



CROSS ROAD/STREET

ROAD / STREET NAME

CROSS ROAD/STREET



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

<input checked="" type="checkbox"/>	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?
	Temporary Building/Use Permit	For Sign Permits Only		
	Transfer of a Special Use Permit	Type of business:		
	Amendment of a Site Plan	Total display area in sq. ft.:		
	Razing or Moving Permit	Proposed setback from RoW:		
	Private Road Permit	Sign height: Sign purpose:		
	Grading and/or Pond Permit	Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other		
	Sign Permit	Height and width of wall:		
	Other (Damage, Yard, Pool)	Attach Sign drawing showing copy <input type="checkbox"/>		

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

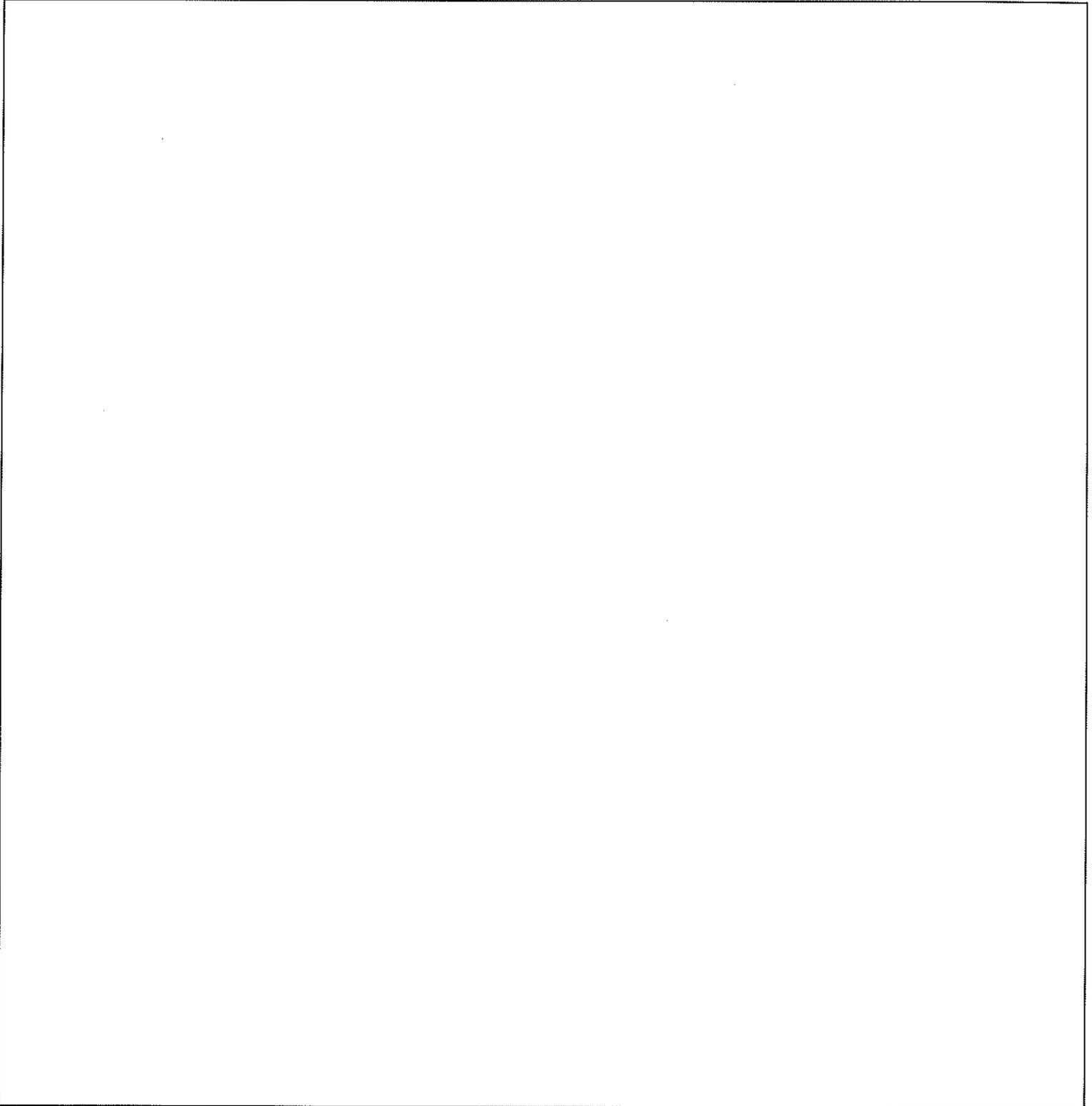
 Date

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

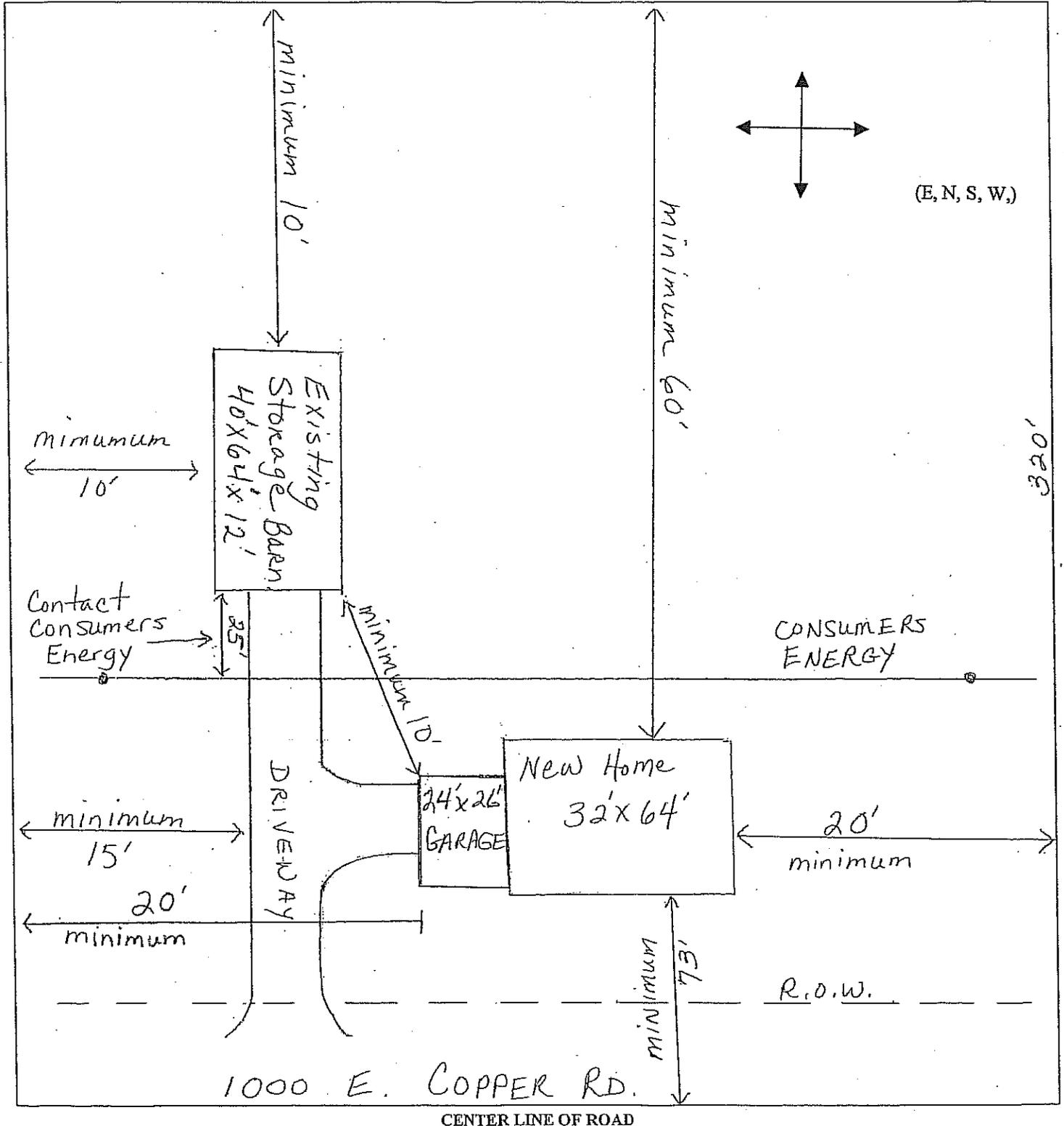
NAME John Doe

PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



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.

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

	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

	COST	NO. UNITS	TOTAL
<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:	

SHIAWASSEE COUNTY INSPECTION INFORMATION

PART OF THE BUILDING PROCESS IS TO IDENTIFY THE JOB LOCATION AND HAVE INSPECTIONS DONE AT SPECIFIC STAGES DURING CONSTRUCTION. BEFORE AN INSPECTOR CAN PERFORM THEIR JOB THE PERMIT HOLDER SHALL OBSERVE THE FOLLOWING RULES.

- 1: THE BUILDING PERMIT OR COPY SHALL BE KEPT ON SITE UNTIL THE COMPLETION OF THE PROJECT.
- 2: THE SITE ADDRESS SHALL BE PROVIDED IN SUCH A POSITION TO BE PLAINLY VISABLE AND LEGIBLE FROM THE STREET OR ROAD FRONTING THE PROPERTY.

INSPECTIONS:

THERE ARE A NUMBER OF INSPECTIONS REQUIRED IN EACH OF THE FOUR CODES (BUILDING, ELECTRIC, PLUMBING AND MECHANICAL); THEREFORE YOU MUST CALL WHEN YOU ARE READY FOR EACH TYPE OF INSPECTION. **ALL WORK SHALL BE INSPECTED FOR EACH TRADE AND AN APPROVAL STICKER POSTED, BEFORE WORK CONTINUES. DO NOT REMOVE ANY STICKERS UNTIL ALL FINAL INSPECTIONS ARE COMPLETE AND APPROVED.**

THE REQUIRED VISUAL INSPECTIONS ARE AS FOLLOWS:

BUILDING

FOUNDATION / FOOTING: WHEN EXCAVATION IS COMPLETED, FORMS ARE SET, TRENCHES DUG, REQUIRED REINFORCING STEEL IS IN PLACE AND PRIOR TO PLACING ANY CONCRETE. WOOD FOUNDATIONS: STONE AND FOOTING PLATES ARE IN PLACE.

BACKFILL: WHEN FOUNDATION WALLS ARE DAMPPROOFED/ WATERPROOFED, AN APPROVED DRAINAGE SYSTEM INSTALLED, FOUNDATION ANCHORS INSTALLED PER MANUFACTURERS SPECIFICATIONS AND WALLS BRACED.

ROUGH MASONRY: WHEN THE BASE COURSE FLASHINGS AND WEATHER-RESISTANT SHEATHING PAPER HAVE BEEN INSTALLED AND BEFORE THE INSTALLATION OF ANY MASONRY VENEER (BRICK, STONE, ETC.).

ROUGH FRAME: (BEFORE INSULATING OR DRYWALL) WHEN THE ROOF, ALL FRAMING, FIRESTOPPING, DRAFTSTOPPING, AND BRACING ARE IN PLACE. EXTERIOR WINDOWS AND DOORS SHALL BE INSTALLED. **THE ELECTRICAL, PLUMBING AND MECHANICAL ROUGH INSPECTIONS HAVE ALL BEEN APPROVED.**

VAPOR BARRIER: BEFORE ANY CONCRETE IS PLACED.

FIRE RATED ASSEMBLY: BEFORE WALLS ARE TAPED AND FINISHED (COMMERCIAL ONLY)

INSULATION INSPECTION: BEFORE DRYWALL OR OTHER INTERIOR WALL COVERING IS IN PLACE.

FINAL: WHEN THE PERMITTED WORK IS COMPLETE AND PRIOR TO OCCUPANCY. THE ELECTRICAL, MECHANICALS & PLUMBING FINAL INSPECTIONS HAVE ALL BEEN APPROVED. **SITE ADDRESS INSTALLED PER THE 911 ORDINANCES.** (4" MINIMUM ON THE STRUCTURE, 3" MINIMUM ON A POST 3½' – 5' TALL, OR ON A MAILBOX "POST" LOCATED ON THE LEFT HAND SIDE OF THE DRIVEWAY AS YOU ENTER THE PROPERTY AND VISIBLE FROM BOTH SIDES.)

ELECTRICAL

TEMPORARY SERVICE: WHEN TEMPORARY SERVICE IS COMPLETE AND READY FOR HOOKUP. IT SHALL HAVE ONE (1) GROUND ROD AND A GROUNDFAULT OUTLET. **A REQUEST NUMBER IS REQUIRED.**

PERMANENT SERVICE: WHEN PERMANENT SERVICE IS COMPLETE AND READY FOR HOOKUP. IT SHALL HAVE TWO (2) GROUND RODS SPACED A MINIMUM OF 6 FEET APART AND A GROUNDFAULT OUTLET. **A REQUEST NUMBER IS REQUIRED.**

UNDERGROUND: WHILE TRENCH IS OPEN.

ROUGH IN: WHEN WIRE IS PULLED, BOXES MADE UP (NO FIXTURES INSTALLED) AND SERVICE IS READY TO BE RELEASED. ALL PENETRATIONS THROUGH PLATES, AT 10-FOOT INTERVALS IN WALL CAVITIES, AND INTO RETURN AIR RUNS SHALL BE FIRE STOPPED.

FINAL: WHEN ALL FIXTURES ARE SET AND COVERS PLATES ARE ON.

MECHANICAL

UNDERGROUND: REQUIRED IF ANYTHING IS TO BE COVERED BY FILL OR CONCRETE.

ROUGH IN: WHEN ALL MECHANICAL EXHAUST FANS AND REQUIRED VENTS ARE INSTALLED AND ALL CUTTING / FRAMING COMPLETED. ALL PENETRATIONS THROUGH PLATES AND AT 10-FOOT INTERVALS IN WALL CAVITIES SHALL BE FIRE STOPPED.

FINAL: WHEN THE FURNACE AND OR AIR CONDITIONING IS COMPLETED AND OPERATING PROPERLY. ALL EXTERIOR GAS PIPES ARE PAINTED.

PLUMBING

UNDERGROUND: WHEN ALL SANITARY DRAIN LINES, WATER LINES, AND SUBSOIL DRAIN TILES ARE INSTALLED THAT WILL BE COVERED AND BEFORE FILL OR CONCRETE IS PLACED.

ROUGH: WHEN ALL WATER LINES, DRAIN LINES (INCLUDING THE BUILDING DRAIN IN THE CRAWL SPACE OR BASEMENT) AND VENTS ARE INSTALLED AND PROPERLY SUPPORTED. ALL PENETRATIONS THROUGH PLATES, AT 10-FOOT INTERVALS IN WALL CAVITIES AND INTO RETURN AIR RUNS SHALL BE FIRE STOPPED.

FINAL: WHEN ALL FIXTURES ARE SET AND OPERATING PROPERLY WITH HOT WATER.

INSPECTORS MAY MAKE OR REQUIRE **OTHER INSPECTIONS** TO ASCERTAIN COMPLIANCE WITH THE CODES.

PLEASE REMEMBER EACH JOB IS DIFFERENT AND GOES AT DIFFERENT PACES. THEREFORE, WE HAVE NO IDEA WHEN YOU WILL BE READY FOR AN INSPECTION. PLEASE CALL AND LET US KNOW. MAKE SURE YOU ARE READY FOR THE INSPECTION. IF AN INSPECTION IS REQUESTED AND IS NOT READY OR THE BUILDING IS LOCKED, **A RE-INSPECTION IS REQUIRED AND A FEE WILL BE CHARGED.**

DO NOT TO COVER ANY WORK UNTIL ALL APPROVALS ARE GIVEN.

TO REQUEST INSPECTIONS, CALL OUR REQUEST LINE AT 989-743-2280 OR FAX TO 989-743-2393 (FAX FORM AVAILABLE AT BUILDING INSPECTIONS DEPARTMENT AT 989-743-2396 OR SHIAWASSEE.NET)

WHEN CALLING FOR AN INSPECTION BE SURE TO HAVE THE FOLLOWING INFORMATION READY:

- A. ADDRESS OF PROJECT
- B. CONTACT NAME AND TELEPHONE NUMBER
- C. TYPE OF PROJECT (NEW HOME, ADDITION, COMMERCIAL, ETC...)
- D. TYPE OF INSPECTION REQUESTED (UNDERGROUND, ROUGH, FINAL OR REINSPECTION, ETC.)
- E. IF HOME IS OPEN OR IF THERE IS A KEY OR LOCK BOX CODE FOR THE INSPECTOR

THANK YOU FOR YOUR COOPERATION AND "GOOD LUCK" WITH YOUR PROJECT

SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT - BUILDING DIVISION
201 NORTH SHIAWASSEE ST, THIRD FLOOR, SURBECK BUILDING
CORUNNA, MICHIGAN 48817

FOR ANY **QUESTION** PLEASE CONTACT THE MAIN OFFICE AT:
(989) 743-2396

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

REQUIREMENTS FOR A CERTIFICATE OF OCCUPANCY

ELECTRICAL

Breaker panel directory must be complete in detail and accuracy.

All electrical installations must be completed including all covers, plates and caps for safety from shock.

All light fixtures with bulbs; need to be installed for testing.

MECHANICAL

A Mechanical Permit secured by a licensed contractor for propane gas must pass its final inspection.

Furnace, ductwork and register grills must be installed. Any fireplaces must be operable.

PLUMBING

All plumbing fixtures must be installed and working.

Final septic and water approvals by the Shiawassee County Environmental Health Dept.

BUILDING

Electrical, Mechanical and Plumbing permit final inspection **MUST** be approved.

Site address installed per the 911 ordinances.

The grade away from the foundation shall fall a minimum of six (6) inches within the first ten (10) feet from the foundation.

Required steps, handrails, guardrails and landings shall be installed.

All roofing, exterior and interior wall coverings shall be installed.

All smoke detectors shall be operational.

Final building inspection approval and all re-inspection fees, if any, shall be paid.