

**CONSTRUCTION PERMIT CHECKLIST**  
(For all projects other than new homes)  
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**

(Commercial construction requires Site Plan Approval)

- \_\_\_\_\_ 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
- \_\_\_\_\_ 5. **Septic/Sewage Permit**: If the project includes a net increase in bedrooms, the Environmental Health Department must issue a permit or waiver. (989) 743-2390

**BUILDING PERMIT**

(Contractors must be registered with the Building Department)

- \_\_\_\_\_ 1. Completed **Building Permit Application** form.
- \_\_\_\_\_ 2. **Blueprints/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
- \_\_\_\_\_ 4. **Proof of Ownership**: Proof of ownership must be provided with the Building Permit when the project does not require a Zoning Permit.

**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"/>		
<b>Describe Proposed Building or Land Use:</b>				

**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

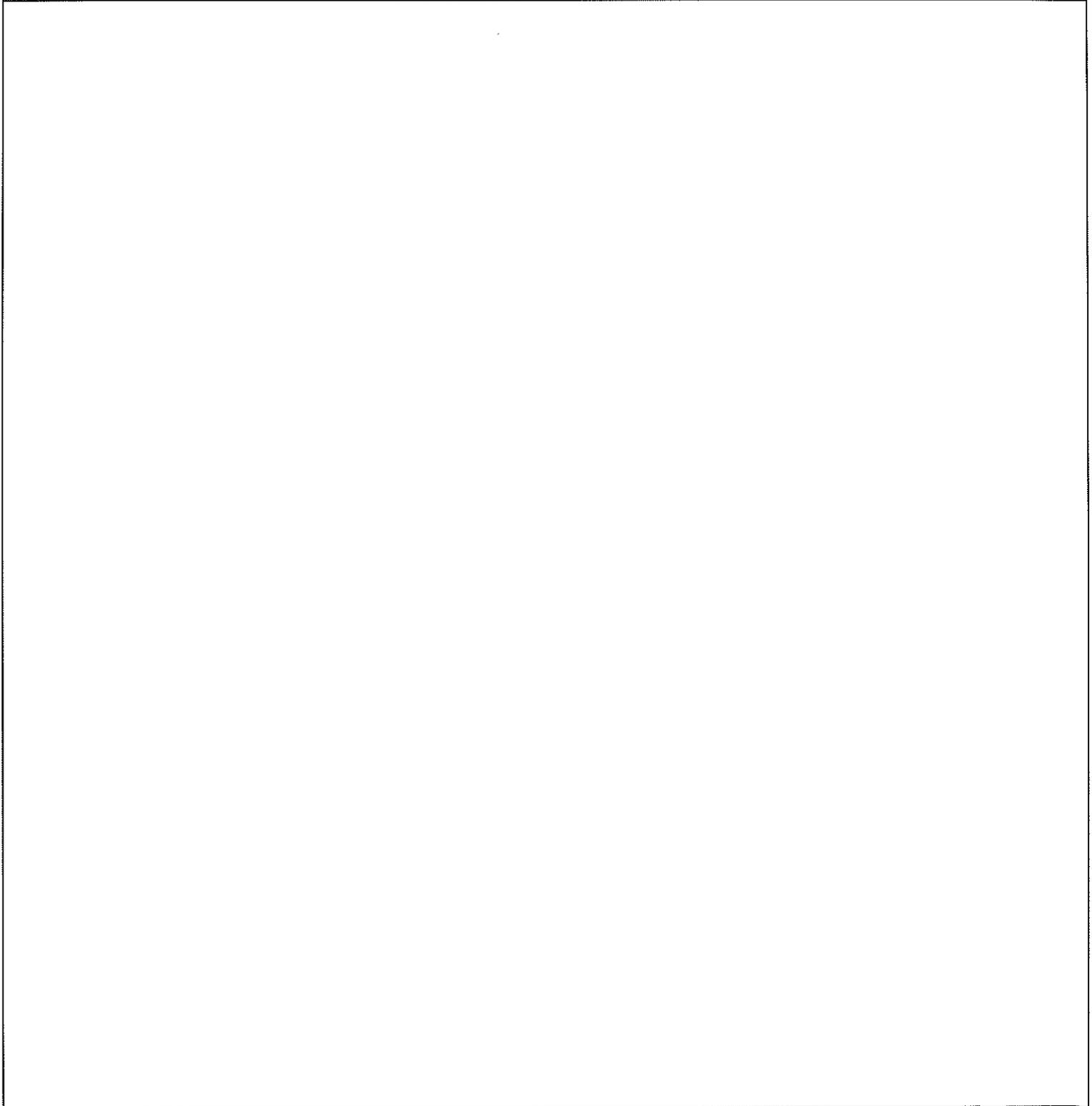
My Commission Expires: \_\_\_\_\_

**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

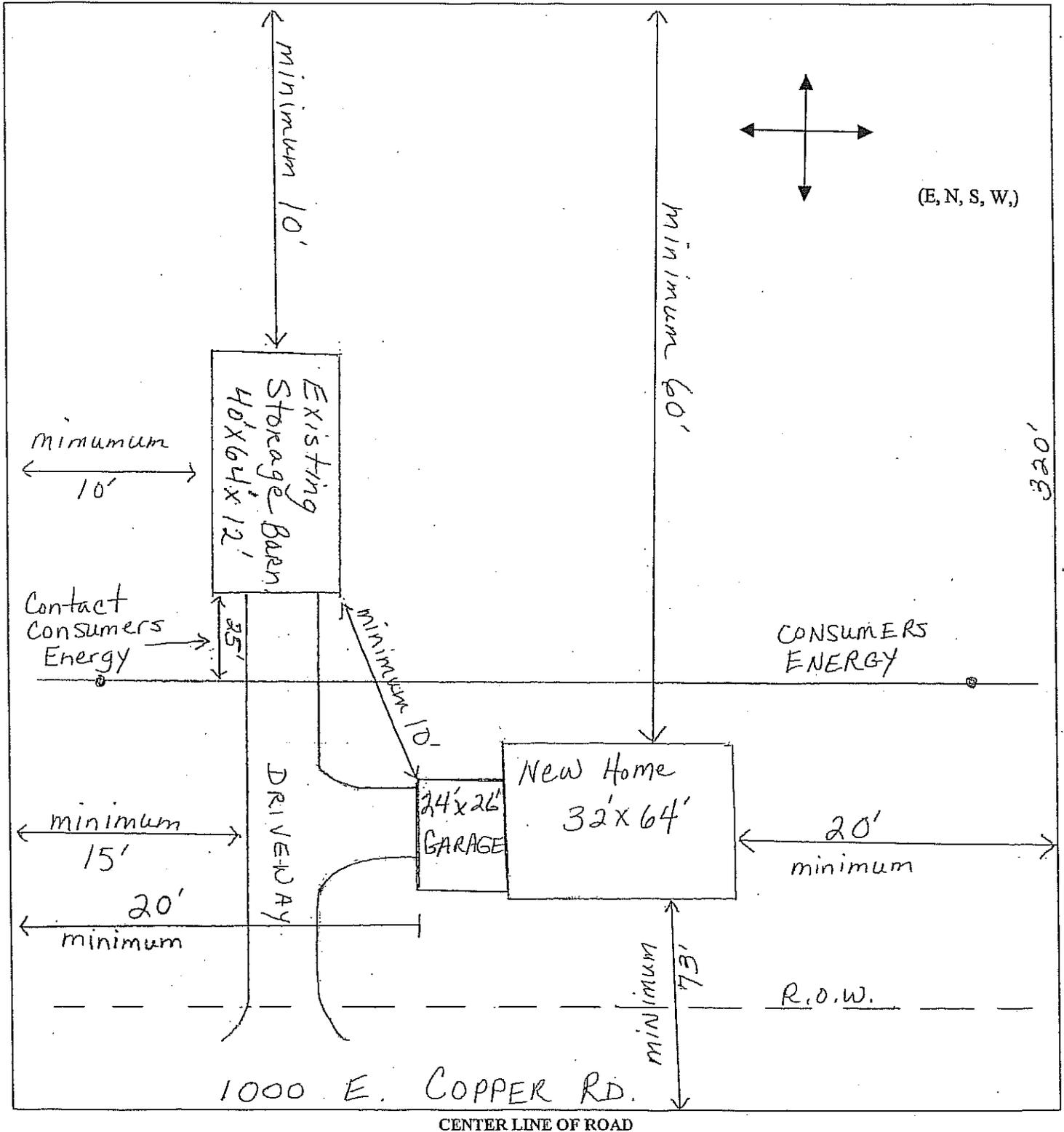
NAME John Doe

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"/> 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
<b>PERMIT FEES</b>			
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		
<b>BUILDING TYPE</b>			
<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		
<b>FOUNDATION</b>			
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall		
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing		
<input type="checkbox"/> Flatwall	<input type="checkbox"/> Other		
<b>BUILDING DIMENSIONS (Measured in Sq. Feet)</b>			
Dwelling: 1st floor _____	2nd floor _____		
Garage: _____	Acc. Bldg: _____		
<b>BASEMENT (please note size)</b>			
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg/Unfin. _____ x _____		
<input type="checkbox"/> Reg/Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____		
<b>NUMBER OF ROOMS</b>			
# of rooms (excluding bathrooms & great rooms = 1 room) _____			
# of bathrooms _____			
# of bedrooms _____			
<b>WINDOW INFORMATION</b>			
Brand:			
<input type="checkbox"/> Double Hung	<input type="checkbox"/> Single Hung		
<input type="checkbox"/> Casement	<input type="checkbox"/> Slider		
<input type="checkbox"/> Other _____			
<b>FURNACE EVENTS</b>			
<input type="checkbox"/> PVC	<input type="checkbox"/> Masonry		
<input type="checkbox"/> Class "B" Metal	<input type="checkbox"/> Other		
<b>SMOKE DETECTORS (Must be hardwired with battery backup)</b>			
# of Smoke Detectors _____			
<b>FIREPLACE</b>			
<input type="checkbox"/> Masonry	<input type="checkbox"/> Prefab		
<b>SIDING/ROOFING</b>			
<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: _____			
<b>SWIMMING POOLS</b>			
<input type="checkbox"/> Above Ground	\$ 30.00		
<input type="checkbox"/> Below Ground	\$ 80.00		
<b>TOTAL FEE TO BE PAID (Calculated by Staff) \$ _____</b>			

**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<sub>a</sub>, C<sub>b</sub>, AND I, PLACE AN "X" IN THE APPROPRIATE BOX THAT BEST DESCRIBES THE STRUCTURE.

Ground Exposure, P<sub>g</sub> = 30 From Figure R301.2(5) MRC or Figure 1608.2 MBC

Exposure Factor C <sub>e</sub>							
Exposure		Fully Exposed <sup>1</sup>		Partially Exposed <sup>2</sup>		Sheltered <sup>3</sup>	
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	

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

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

<sup>3</sup>Sheltered: Roofs located tight among conifers that qualify as obstructions.

### Thermal Factor C<sub>t</sub>

Thermal Condition <sup>4</sup>	C <sub>t</sub>
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

<sup>4</sup>These 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.