

NEW HOME CHECKLIST

(2020)

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.) Septic Permit applied for from the Environmental Health Dept.
- ____ 4.) Well Permit applied for from the Environmental Health Dept.
- ____ 5.) Approved, signed, Driveway Permit from the Shia. Co. Road Commission
- ____ 6.) Proof of ownership if purchased within the last year.
- ____ 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.) Two (2) complete sets of building & foundation plans/specifications, including a cross section.
- ____ 3.) Completed Roof Loading Data Sheet or Truss Drawings with Application
- ____ 4.) Provide Michigan Energy Code compliance analysis & Certificate.

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: _____
Twsp Road Name Sect. No.

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

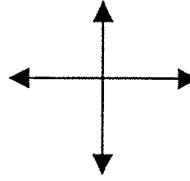
**THE TAX ROLL NUMBER IS IMPORTANT IN LOCATING THE PROPERTY. IT
MUST BE INCLUDED ON EACH APPLICATION. THE APPLICATION WILL NOT
BE ACCEPTED WITHOUT THE TAX ROLL NUMBER.**

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) Proof of Ownership if purchased within the last year..

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

ADDRESS	<p>YOUR PROPERTY LINE</p> <p>DEPTH _____</p> <p>WIDTH _____</p> <p>CENTER LINE OF DRIVEWAY</p> <p>DISTANCE IN FEET FROM PROPERTY LINE TO CENTERLINE OF DRIVE</p> <p>DISTANCE IN FEET FROM PROPERTY LINE TO CENTERLINE OF DRIVE</p> <p>YOUR PROPERTY LINE</p>	ADDRESS
ROAD / STREET NAME _____		
ADDRESS	ADDRESS	ADDRESS

CROSS ROAD/STREET

CROSS ROAD/STREET

APPLICATION for a ZONING PERMIT
 Shiawassee County Community Development Department
 Surbeck Building, Third Floor
 201 N. Shiawassee St.
 Corunna, MI 48817
 Phone: (989) 743-2396 • Fax: (989) 743-2393
 Email: comdev@shiawassee.net

App. Date: _____ Receipt # _____ Fee: \$ _____ Permit # _____

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/Email: _____	
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/Email: _____			
Type of Request		Yes	No
Principal Structure			For All Applications
Accessory Structure			Did you attach a "Site Plan Drawing"?
Agricultural Structure			Are you making grade (earth) changes?
Temporary Structure/Use			Are you creating a pond?
Demolition Permit			Is your project within 500 ft. of surface water?
Sign			Is your project exclusively for agricultural use?
Home Occupation			Is this site currently violating the Ordinance?
Pond and/or Grading			For Sign Permits Only
Deck or Porch			Type of Business: _____
Pool			Total display area in square feet: _____
Private Kennel			Proposed setback from Right-of-Way: _____
Outdoor Solid Fuel Furnace			Sign height: _____ Sign purpose: _____
Shared Driveway			Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other
Buildable Lot Study			Height and width of wall: _____
Hazardous Material Storage			Attach Sign drawing showing copy <input type="checkbox"/>
Other: _____			
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 1999, 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

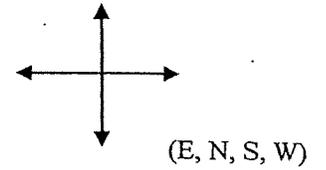
My Commission Expires: _____

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 drains, ditches or streams, etc. and the distance from the building site.

SAMPLE

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

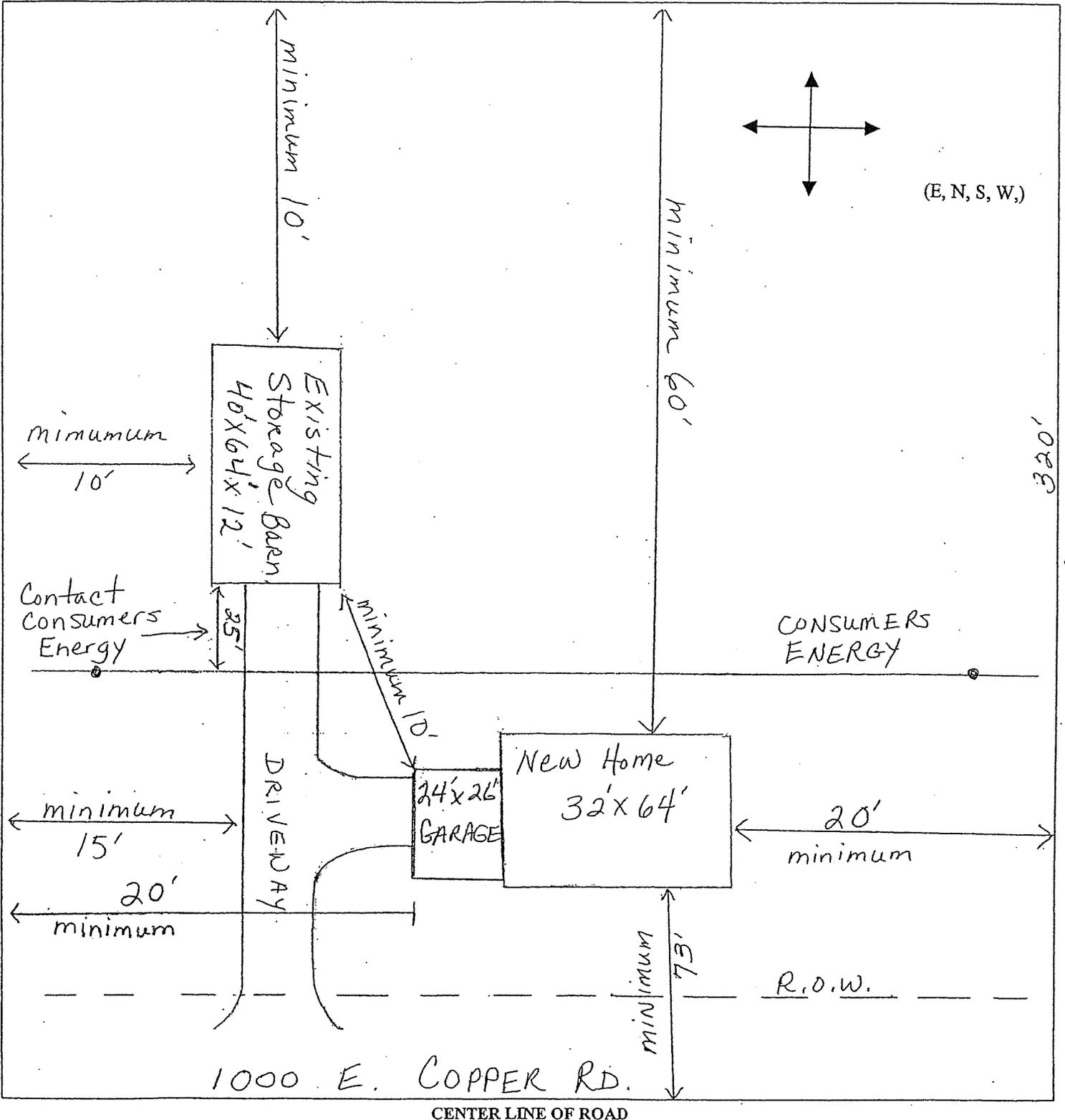
NAME John Doe

PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



1000 E. COPPER RD.

CENTER LINE OF ROAD

BUILDING PERMIT APPLICATION

Shiawassee County Community Development Department
 Surbeck Building, Third Floor
 201 N. Shiawassee St.
 Corunna, MI 48817
 Phone: (989) 743-2396 • Fax: (989) 743-2393
 Email: comdev@shiawassee.net

INSPECTION LINE: (989) 743-2280

Date: _____ Permit # _____ Receipt # _____ Class: _____

Please leave unknown information blank.

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

Contractor/Homeowner Information

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

Work Description:

Proposed Use: _____

Homeowners Affidavit: I hereby certify that the building work described above shall be installed by myself in 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.

Home Owner's Signature: _____

Contractor's Signature: _____

Expiration of Permit: A permit remains valid as long as work is progressing and inspection 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.

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: 1 st floor _____	2 nd floor _____
Garage: _____	Acc. Bldg: _____
BASEMENT (Please note size)	
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____
<input type="checkbox"/> Unfinished _____ x _____	<input type="checkbox"/> Finished _____ x _____
<input type="checkbox"/> Partially Finished _____ x _____	
NUMBER OF ROOMS	
# of bathrooms _____	
# of bedrooms _____	
# of all rooms _____	
WINDOW INFORMATION	
<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 w/ battery backup)	
# of Smoke Detectors _____	
FIREPLACE	
<input type="checkbox"/> Solid Fuel (wood)	<input type="checkbox"/> Gas
SIDING: _____	
ROOFING: _____	
SWIMMING POOLS	
<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground

TOTAL FEE TO BE PAID (Calculated by staff) \$ _____
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Plan Review Required

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

YES NO NOT REQUIRED

Official: _____

Date Approved: _____

Roof Loading Data Sheet

Authority: 1972 PA 230
 form is to be completed and given to the building official with the application for plan review and building permit. The applicant shall give a copy of the completed form to the truss manufacturer.

Completion: This

Jurisdictional information should be included in this space	
Township	County

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

Where prescriptive design is used, the ground snow load, P_g , from Table R301.2(1) shall be used as the design roof snow except, where section R802.10.2.1 applies the design roof snow load shall be $.7P_g$. Additional unbalanced loads for drifting across the ridge are not required. Where engineered design is used, this form is to be completed by the permit applicant or design professional. The flat roof snow load, P_f is defined as: $P_f = .7P_g(C_e)(C_t)(I)$. For factors C_e , C_t , and I , place an "X" in the appropriate box below that best describes the structure and the particular jobsite and substitute the corresponding values in the formula above. The result is the flat roof snow load and is applied as the truss top chord live load, $TCLL1$. All live loads and snow loads, including unbalanced loads and minimum loads, are to be applied per ASCE 7, chapters 4 and 7 and this code.

Ground Snow Load, $P_g =$ _____ From Figure R301.2(5) or MRC Table R301.2(5)

Exposure Factor C_e		Fully Exposed ¹		Partially Exposed ²		Sheltered ³	
A	Urban and suburban areas, wooded areas or other terrain with closely spaced objects having the size of single-family dwellings or larger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Open terrain with scattered obstructions having heights less than 30 ft. (flat open country)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	Flat unobstructed areas exposed to wind flowing over open water for a distance of at least 1 mile. (i.e. Great Lakes.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mark only one of the 9 boxes under the exposure factor with an "X".

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	<input type="checkbox"/>	<input type="checkbox"/>
All structures except as listed below	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Unheated structures and those intentionally kept below freezing, such as seasonal building or storage buildings	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

Mark only 1 of the 4 boxes under the Thermal Factor with an "X".

Importance Factor (I)

Category	<input type="checkbox"/>	<input type="checkbox"/>
I Building and other structures representing low hazard to human life, i.e.: Agricultural, Temporary, and Minor Storage Facilities.	<input type="checkbox"/>	<input type="checkbox"/>
II All buildings except those listed in Categories III and IV.	<input type="checkbox"/>	<input type="checkbox"/>
III Building and other structures representing substantial hazard to human life in the event of failure.	<input type="checkbox"/>	<input type="checkbox"/>
IV Buildings and other structures designated as essential facilities.	<input type="checkbox"/>	<input type="checkbox"/>

Mark only 1 of the 4 boxes under the Importance Factor with an "X"

Note: All roof trusses have additional live (storage) loads applied to the bottom chord where required per Table R301.5.

FIGURE 802.10.1
 ROOF LOADING DATA SHEET

**MICHIGAN UNIFORM ENERGY CODE COMPLIANCE FORM
(MUST BE COMPLETED FOR ALL NEW HOMES, ADDITIONS AND RESIDENTIAL ALTERATIONS)**

There are two ways to comply with the ENERGY CODE. Indicate what method has been used to provide documentation of code compliance.

- 1. Prescriptive method (See table 402.1.1).
- 2. System Analysis method (See table 2).

**TABLE N1102.1.1 (R402.1.1)
INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT^A**

**Shiawassee County is in Climate Zone 5A*

CLIMATE ZONE	FENESTRATION U-FACTOR ^b	SKYLIGHT ^b U-FACTOR	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE ^g	FLOOR R-VALUE	BASEMENT ^c WALL R-VALUE	SLAB ^d R-VALUE & DEPTH	CRAWL SPACE ^e WALL R-VALUE
*5A	0.32	0.55	38	20 or 13+5 ^f	13/17	30 ^e	10/13	10, 2 ft	15/19
6A	0.32	0.55	49	20 or 13+5 ^f	15/20	30 ^e	15/19	10, 4 ft	15/19
7	0.32	0.55	49	20 or 13+5 ^f	19/21	38 ^e	15/19	10, 4 ft	15/19

- a. R-values are minimums. U-factors are maximums. When insulation is installed in a cavity which is less than the label or design thickness of the insulation, the installed R-value of the insulation shall not be less than the R-values specified in the table. b. The fenestration U-factor column excludes skylights.
- c. "15/19" means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" may be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- d. R-5 shall be added to the required slab edge R-values for heated slabs.
- e. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- f. First value is cavity insulation, second is continuous insulation or insulated siding, so "13 5" means R-13 cavity insulation plus R-5 continuous insulation or insulated siding. If structural sheathing covers 40% or less of the exterior, continuous insulation R-value may be reduced by no more than R-3 in the locations where structural sheathing is used to maintain a consistent total sheathing thickness.
- g. The second R-value applies when more than half the insulation is on the interior of the mass wall. R 408.30547d

**TABLE 2 (System Analysis)
COMPLIANCE WITH THE Michigan Energy Code can be accomplished with the use of the following programs:**

1. Michigan Uniform Energy Code – 2015 (Detached 1 and 2 family dwellings).
2. Meeting the design, construction, and certification requirements under the United States EPA **ENERGY STAR HOMES PROGRAM**.
3. Meeting the design and construction guidelines of the **HOME ENERGY RATING SYSTEM (HERS)** with a minimum test score of 85.
4. Achieving an approval using the insulation requirements in **RES check** using software version 4.4.1.

401.3 Certificate. A permanent certificate shall be posted on or in the electrical distribution panel, and shall meet all of the following:

- a. Be affixed or attached so it does not cover or obstruct the visibility of the circuit directory label, service disconnect label, or other required labels.
- b. Be completed by the builder or registered design professional.
- c. List the predominant R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces and U-factors for fenestration. If there is more than 1 value for each component, then the certificate shall list the value covering the largest area.
- d. List the types and efficiencies of heating, cooling and service water heating equipment.
- e. If a gas fired unvented room heater, electric furnace, or baseboard electric heater is installed in the residence, then the certificate shall list "gas-fired unvented room heater," as appropriate. An efficiency shall not be listed for gas-fired unvented room heaters, electric furnaces, or electric baseboard heaters. R408.31061

Date: _____

Signature: _____

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-FEET 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-FEET 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-FEET INTERVALS IN WALL CAVITIES AND INTO RETURN AIR RUNS SHALL BE FIRESTOPPED.

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, INSPECTIONS ARE DONE ON MONDAY & THURSDAYS, MECH. & PLUMBING INSPECTION ARE DONE ON MONDAY & WEDNESDAYS. BUILDING INSPECTIONS ARE DONE ON TUESDAY & THURSDAY. 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 REQUESTING THE INSPECTION.

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



Shiawassee County Community Development

3rd Floor • Surbeck Building • 201 N. Shiawassee St. • Corunna, MI 48817-1437
Telephone: 989-743-2396 • Fax: 989-743-2393

Certificate of Occupancy Punch List

Address: _____ Permit #: _____

Finaled Building Permit Date: _____

Finaled Electrical Permit..... Date: _____

Finaled Mechanical Permit..... Date: _____

Finaled Plumbing Permit Date: _____

Finaled LP Gas Mechanical Permit Date: _____

Verified Blower Door Test Date: _____

Verified Drinkable Water Test..... Date: _____

Truss Drawings Received..... Date: _____