

## TEMPORARY TRAILER CHECKLIST

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

- \_\_\_\_\_ 1. Completed Zoning Permit Application and a notarized "Affidavit of Compliance". Cost is \$60.00
- \_\_\_\_\_ 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 hookup 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. The Building Permit application with manufacturers specifications for tiedowns. Cost is \$80.00 which includes the Occupancy Inspection.
- \_\_\_\_\_ 7. Electrical permit for service \$120.00, Mechanical permit for gas hook-up \$ 105.00, and Plumbing permit for the drain connection and water line \$97.00. The applications must be from licensed contractors.
- \_\_\_\_\_ 8. Certificate of Occupancy after final inspection have been completed by the building department.

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***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 N. Shiawassee St.  
 Corunna, MI 48817  
 Phone: (989) 743-2396 • Fax: (989) 743-2393  
 Email: comdev@shiawassee.net

App. Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Fee: \$ 60.00 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: _____		<b>Please Attach All That Apply:</b>		
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/Email: _____		<input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit		
		<input type="checkbox"/> New Address		
Type of Request		Yes	No	For All Applications
<input type="checkbox"/> Principal Structure				Did you attach a "Site Plan Drawing"?
<input type="checkbox"/> Accessory Structure				Are you making grade (earth) changes?
<input type="checkbox"/> Agricultural Structure				Are you creating a pond?
<input type="checkbox"/> Temporary Structure/Use				Is your project within 500 ft. of surface water?
<input type="checkbox"/> Demolition Permit				Is your project exclusively for agricultural use?
<input type="checkbox"/> Sign				Is this site currently violating the Ordinance?
<input type="checkbox"/> Home Occupation				<b>For Sign Permits Only</b>
<input type="checkbox"/> Pond and/or Grading				Type of Business: _____
<input type="checkbox"/> Deck or Porch				Total display area in square feet: _____
<input type="checkbox"/> Pool				Proposed setback from Right-of-Way: _____
<input type="checkbox"/> Private Kennel				Sign height: _____ Sign purpose: _____
<input type="checkbox"/> Outdoor Solid Fuel Furnace				Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other
<input type="checkbox"/> Shared Driveway				Height and width of wall: _____
<input type="checkbox"/> Buildable Lot Study				Attach Sign drawing showing copy <input type="checkbox"/>
<input type="checkbox"/> Hazardous Material Storage				
<input type="checkbox"/> Other: _____				
<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 1999, as amended.

\_\_\_\_\_  
Signature of Applicant

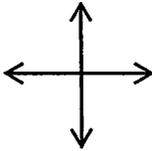
\_\_\_\_\_  
Date

**SHIAWASSEE COUNTY ZONING SITE PLAN GRID**

NAME: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ or NUMBER OF ACRES \_\_\_\_\_.

(SEE REVERSE SIDE FOR INSTRUCTIONS)



(E, N, S, W,)

A large empty rectangular box intended for drawing the site plan grid.

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.

# 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:

<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"/> Ratwall	<input type="checkbox"/> Other _____

<b>Contractor/Homeowner Information</b>	
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:	

<b>BUILDING DIMENSIONS (Measured in Sq. Feet)</b>	
Dwelling: 1 <sup>st</sup> floor _____	2 <sup>nd</sup> floor _____
Garage: _____	Acc. Bldg: _____

<b>BASEMENT (Please note size)</b>	
<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 _____	

<b>NUMBER OF ROOMS</b>	
# of bathrooms _____	
# of bedrooms _____	
# of all rooms _____	

<b>WINDOW INFORMATION</b>	
<input type="checkbox"/> Double Hung	<input type="checkbox"/> Single Hung
<input type="checkbox"/> Casement	<input type="checkbox"/> Slider
<input type="checkbox"/> Other _____	

<b>FURNACE VENTS</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 w/ battery backup)</b>	
# of Smoke Detectors _____	

<b>FIREPLACE</b>	
<input type="checkbox"/> Solid Fuel (wood)	<input type="checkbox"/> Gas

<b>SIDING:</b> _____
<b>ROOFING:</b> _____

<b>SWIMMING POOLS</b>	
<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground

**TOTAL FEE TO BE PAID (Calculated by staff) \$ 80.00**

**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:** \_\_\_\_\_

**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.

## ELECTRICAL 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

Permit #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Request #: \_\_\_\_\_

**INSPECTION LINE: (989) 743-2280**

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> SERVICE 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

Please leave unknown information blank.

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

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$40.00	1	\$40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00	1	40.00
4. Grounding Inspection	40.00		
5. Service through 200 Amp.	40.00	1	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. Number of Circuits (ea)	7.00		
11. Lighting Fixtures (per 25)	10.00		
12. Furnace – Unit Heater or AC	10.00		
13. Electrical Baseboard (ea)	10.00		
14. Power Outlets (ranges, dryers, etc)	10.00		
15. Dishwasher, Garb. Disp, etc. (ea)	10.00		
<b>K.V.A. and H.P. RATED EQUIPMENT</b>			
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		
<b>MISCELLANEOUS</b>			
19. Special/Safety Inspection	40.00		
20. Additional Inspection	40.00		
21. Evaluation	50.00		
<b>TOTAL FEE TO BE PAID</b>			

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

<b>BUILDING DIMENSIONS (Measured In Square Feet)</b>	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg: _____
<b>BUILDING TYPE</b>	
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry
<input type="checkbox"/> Structured Steel	<input type="checkbox"/> Reinforced Conc.
<input type="checkbox"/> Pole	<input type="checkbox"/> Other _____
<b>FOUNDATION</b>	
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall
<input type="checkbox"/> Trenched Footing	<input type="checkbox"/> Ratwall
<input type="checkbox"/> Wood	<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 _____
<b>NUMBER OF ROOMS</b>	
# of bathrooms _____	# of bedrooms _____
# of all rooms _____	
<b>BASEMENT (please note size):</b>	

**Plan review required for homes with over 400 amp. service and/or have 3,500 square feet.**

**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.**

Approved \_\_\_\_\_

Date \_\_\_\_\_

Signature of Homeowner/Applicant - Licensee \_\_\_\_\_

# 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"/> LP 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:	

<b>BUILDING DIMENSIONS (Measured in Sq. Feet)</b>	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg.: _____
<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"/> 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 _____
<b>NUMBER OF ROOMS</b>	
# of rooms (excluding bathrooms) _____	
# of bathrooms _____	
# of bedrooms _____	
<b>BASEMENT (please note size)</b>	

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00	1	\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00	1	40
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		
<b>AIR CONDITIONING, REFRIGERATION AND HEAT PUMPS</b>			
8. Air Conditioning Units	35.00		
9. Heat Pumps	40.00		
<b>AIR HANDLERS, SELF CONTAINED UNITS</b>			
10. Under 1,500 CFM	25.00		
Over 1,500 CFM	50.00		
<b>DEDICATED VENT SYSTEMS</b>			
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		
<b>HEATERS - GAS FIRED, STEAM/HOT WATER</b>			
15. Unit Heater - Boiler	40.00		
16. Infra-Red Heaters	40.00		
17. Pool Heaters	40.00		
<b>DUCT, GAS PIPING &amp; FIRE SUPPRESSION SYS., Based on Bld</b>			
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	1	25
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		
<b>MISCELLANEOUS</b>			
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		
<b>TOTAL FEE TO BE PAID</b>			

*\$ 105*

**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.

**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.

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

Receipt # \_\_\_\_\_

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

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> NEW CONST    | <input type="checkbox"/> PRE-MFD/MOD     |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> HUD/MFD/DW      |
| <input type="checkbox"/> ALTER/REPAIR | <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 _____

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)
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**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	1	\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00	1	40
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	1	7
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	10
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			

*B 97*

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_