

ACCESSORY BUILDING PERMIT

Building & Zoning
8721 Gull Rd. Ste. B
Richland, MI 49083
Phone: 269-629-0600 Fax: 269-629-0601
Toll Free: 800-627-2801

Date ____/____/____

Permit # _____

Accessory/detached structures and demolition

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: () _____ Cell: () _____

Address: _____ E-mail _____
(required)

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Building Height _____

Type of Construction _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- | | |
|--|---|
| <input type="checkbox"/> Sq. ft. shed | <input type="checkbox"/> cement slab & thickened edge |
| <input type="checkbox"/> Sq. ft. pole building | <input type="checkbox"/> cement slab (3 1/2" - 4") |
| <input type="checkbox"/> Sq. ft. porch on pole building | <input type="checkbox"/> rafters _____" O.C. |
| <input type="checkbox"/> Sq. ft. pool | <input type="checkbox"/> trusses _____" O.C. |
| <input type="checkbox"/> Sq. ft. deck for pool | <input type="checkbox"/> metal roof |
| <input type="checkbox"/> Sq. ft. unattached frame garage | <input type="checkbox"/> asphalt shingles |
| <input type="checkbox"/> Sq. ft. storage building & foundation | <input type="checkbox"/> metal exterior |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> aluminum/vinyl exterior |
| | <input type="checkbox"/> brick exterior |
| | <input type="checkbox"/> block exterior |
| | <input type="checkbox"/> wood exterior |
| | <input type="checkbox"/> Number of windows _____ |
| | <input type="checkbox"/> Number of garage doors _____ |

COST OF PERMIT: \$ _____

By: _____

Building Official

Make checks payable to:

Office Use Only

Zoning District _____/

Use Group _____

Type of Construction _____

Permit Determinant _____

Contractor		Phone	
Fax		Cell	
Address		City & State	Zip Code
Federal D No./Social Security No.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
If exempt from any of the above, explain here:			

Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subject to civil fines.

HOMEOWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT'S/CONTRACTORS AFFIDAVIT and SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____

COMPLETE INFORMATION ON SECOND PAGE

ACCESSORY BUILDING PERMIT SECOND PAGE

LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

- (1) Draw lot lines in feet
- (2) Label street
- (3) Draw existing structures
- (4) Draw proposed construction
- (5) Show dimensions of all buildings
- (6) Show distance from all sides of building to sidelines
- (7) Draw lakes, streams, and wet lands within 500 feet
- (8) Contractor/owner will stake 2 adjacent lot lines

Having trouble? Visit our website at agsbuildingdept.weebly.com for "How to make a Lot Diagram Instructions"

Signature of Applicant/Agent _____

Date _____

* Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Include wall section/cross-section drawing showing material dimensions and specification from footing to rafters, as well as floor plan indicating all room dimensions, window, door, and stair openings. All structures containing pre-manufactured members (roof trusses, floor trusses, laminated beams, etc.) require sealed diagram from the manufacturer; forward to our office at time of delivery.

COUNTY	SANITATION PERMIT (7) (Septic & Well)	DRIVEWAY PERMIT (8)	SOIL EROSION PERMIT (9)
CALHOUN	Environmental Health 190 E. Michigan Suite A 100 Battle Creek, MI 49014 Phone: (269) 969-6341	Road Commission 13300 – 15 Mile Road Marshall, MI 49068 Phone: (269) 781-9841	Road Commission 13300 – 15Mile Road Marshall, MI 49068 Phone: (269) 781-9841
KALAMAZOO	Human Services Department Environmental Health 3299 Gull Road Kalamazoo, MI 49048 Phone: (269) 373-5210	Road Commission 3801 E. Kilgore Road Kalamazoo, MI 49001 Phone: (269) 381-3171	Drain Commission Room 107 201 W. Kalamazoo Ave. Phone: (269) 384-8117
ST. JOSEPH	Community Health Agency Environmental Health 1110 Hill Street Three Rivers, MI 49093 Phone: (269) 273-2161	Road Commission 20914 M-86 Centreville, MI 49032 Phone (269) 467-6393	Conservation District 693 East Main Street Centreville, MI 49032 Phone: (269) 467-6336
VAN BUREN	District Health Department 57418 CR681, Suite A Hartford, MI 49057 Phone: (269) 621-3143	Road Commission 325 W. James Street P.O. Box 156 Lawrence, MI 49064 Phone: (269) 674-8011	Soil Erosion and Sedimentation Control 219 East Paw Paw Street Paw Paw, MI 49079 Phone: (269) 657-8200

(8) Michigan Department of Transportation (MDOT). 517-373-2090
(Driveways on Michigan or U.S. Highways)

(9) Michigan Department of Environmental Quality (MDEQ)
Plainwell Office: (269) 685-6851
Lansing Office: (517) 373-1170

800 662-9278

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

PERMIT APPLICATION CHECKLIST -- (Return with Application)

Project address/location of proposed work: _____

Owner's Name: _____

Contractor's Name: _____

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- _____ 1. * **ZONING APPROVAL DOCUMENTATION** (Provided by AGS unless listed on reverse).
- _____ 2. **LOT DIAGRAM** on back of first page of application. (Required for **ALL** applications – NEW HOMES, ADDITIONS, INTERIOR REMODEL, GARAGES AND ACCESSORY BUILDINGS AND STRUCTURES)
- _____ 3. **BLUE PRINTS OR DRAWINGS** – wall section, foundation plan, and floor plan required on all applications. See reverse for further information. Three (3) complete sets of drawings are required with all permit applications (**2 sets**, Parchment, Marengo.)
- _____ 4. **MICHIGAN UNIFORM ENERGY CODE COMPLIANCE** – for all site-built, new residences, documentation must be provided demonstrating compliance with the energy code.
- _____ 5. **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...) **RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-MANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.**
- _____ 6. **PROPERTY TAX I.D. NUMBER**
- _____ 7. **SANITATION & WATER SUPPLY PERMITS** (County Health Department and/or Sewer & Water Authority)*
- _____ 8. **DRIVEWAY/SIDEWALK PERMIT** – County Road Commission, MDOT, City or Village *
- _____ 9. Is the Structure within 500 feet of water (lake, river, stream, county drain) **OR** is the excavated area equal to or greater than 1 acre? **YES / NO**
If YES a SOIL EROSION PERMIT IS REQUIRED.
- _____ 10. Is property located in wetlands or floodplain? **YES / NO**
No building permit may be issues if in a flood plain without DEQ* approval.
- _____ 11. **OTHER PERMITS EVENTUALLY NECESSARY:**
____ Electrical ____ Mechanical ____ Plumbing ____ Sign
Applicant or licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.

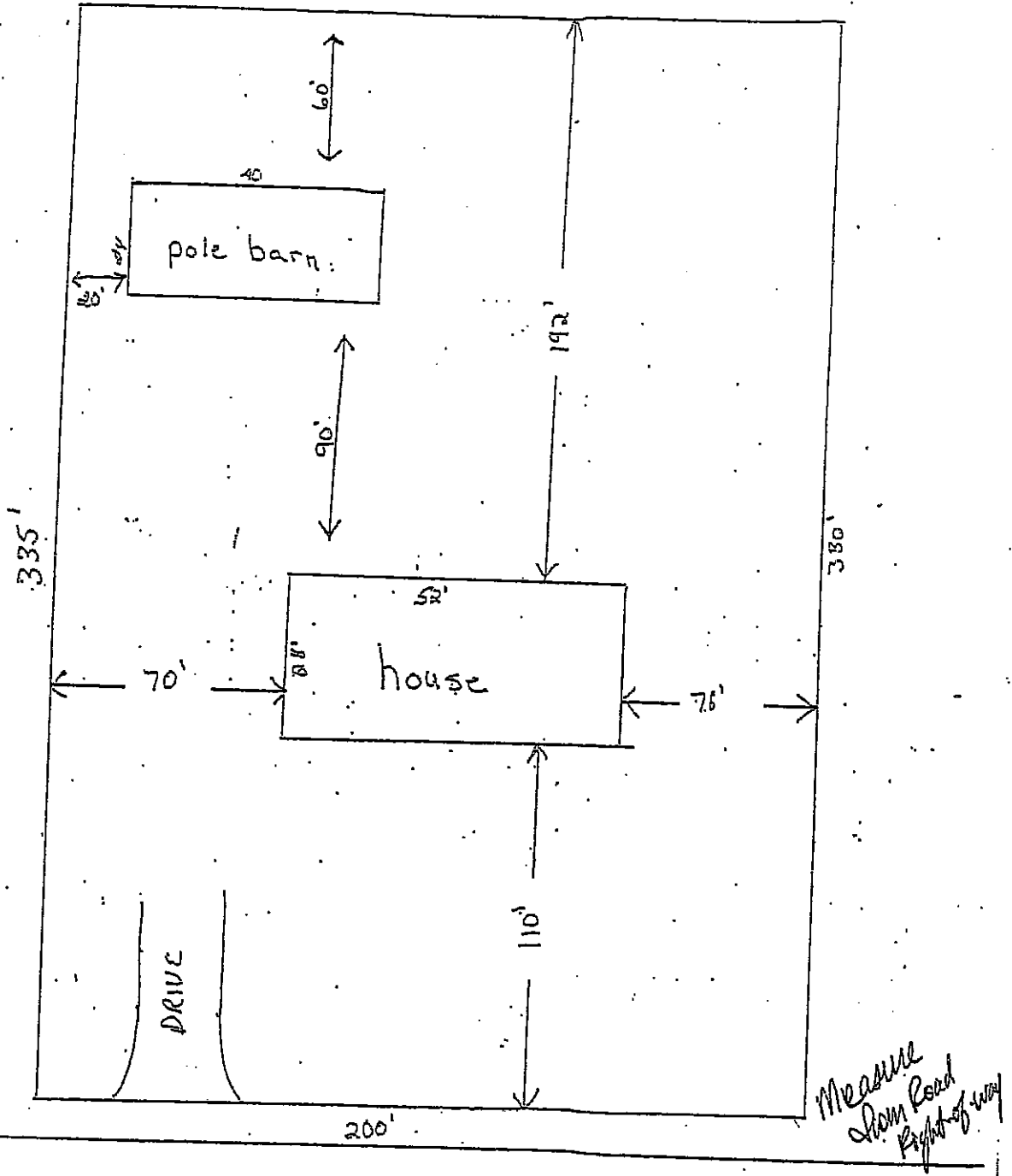
RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

BUILDING DEPARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

Signed: _____ Date: _____

EXAMPLE



NOTE: INDICATE LOCATION OF ROAD/STREET AND NORTH POINT