GUIDELINES FOR OBTAINING BUILDING PERMITS

- (1) A **PROPERTY ADDRESS** ASSIGNED BY SAGINAW COUNTY ROAD COMMISSION (989) 752-6140.
- (2) COPY OF **APPROVED LAND DIVISION LETTER**, IF PARCEL WAS CREATED AFTER MARCH 31, 1997.
- (3) COPY OF **DEED** AND LATEST **PROPERTY TAX STATEMENT.**
- (4) **SEPTIC SYSTEM PERMIT:** (FOR NEW HOUSE) MUST BE ISSUED BY THE SAGINAW COUNTY HEALTH DEPT. (989)-758-3800. YOU MUST HOOK TO CITY SEWER, IF AVAILABLE.
- (5) **WELL PERMIT:** MUST BE ISSUED BY THE SAGINAW COUNTY HEALTH DEPT. (989) 758-3800. YOU MUST CONNECT TO CITY WATER IF AVAILABLE.
- (6) **DRIVEWAY PERMIT:** MUST BE ISSUED BY THE SAGINAW COUNTY ROAD COMMISSION (989-752-6140). CALL M-DOT IF ON A STATE HIGHWAY.

THE DRIVEWAY APPROACH MUST BE APPROVED BY THE SAGINAW COUNTY ROAD COMMISION (OR M-DOT) AND WORK COMPLETED PRIOR TO THE START OF HOUSE CONSTRUCTION.

A PASSABLE DRIVEWAY TO THE BUILDING SITE MUST BE APPROVED BY THE BUILDING INSPECTOR, SCOTT CROFOOT (989) 737-5671, PRIOR TO THE START OF HOUSE CONSTRUCTION.

- (7) SOILS EROSION PERMIT: IS REQUIRED BY THE SAGINAW COUNTY DEPT. OF PUBLIC WORKS, DRAIN OFFICE (989) 790-5258 IF THERE IS AN EARTH CHANGE OF ONE (1) ACRE OR MORE, OR IF THE PROJECT IS WITHING FIVE HUNDRED (500) FEET OF A LAKE, STREAM, OR COUNTY DRAIN.
 - (8) **MDEQ FILL PERMIT:** IS REQUIRED BY THE MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (989) 686-8025 EXT. 8364 IF THE PROPERTY IS IN THE FLOODPLAIN.
- (9) A DRAINAGE PLAN IS REQUIRED, SHOWING WHERE WATER RUN OFF IS DIRECTED. RUN OFF CANNOT GO TO OR AFFECT A NEIGHBORING PROPERTY.
- ____ (10) THIS DOCUMENT MUST BE SIGNED AND DATED AND RETURNED WITH BUILDING PERMIT APPLICATION.

SIGNATURE OF APPLICANT

DATE

MAKE CHECK PAYABLE TO MARION TOWNSHIP IF MAILED: RETURN TO SCOTT CROFOOT, 1355 WILSON AVE., SAGINAW, MI 48638

PERMIT HOLDER RESPONSIBILITIES

Part of the building process is identifying the job location and having inspections done at specific stages of construction. Before the inspector can begin inspecting the job the following must be done by the permit holder:

- 1. The lot and the building location must be staked so the inspector can verify the location of the forms and footings relative to the lot lines.
- _____ 2. The permit must be posted and visible from the road.
- _____3. The location must be identified by a street number or a sign indicating the owner's or contractor's name (Hand painted numbers or signs are fine.)

INSPECTIONS

There are a number of inspections required in each of the four codes (building, electrical, mechanical, and plumbing); therefore, <u>you must call us</u> when you are ready for each type of inspection. Work <u>must not proceed</u> before the job is <u>inspected and approved</u> to continue. The required visual inspections are:

BUILDING:

- ____ FOOTING between the time the forms for the footings are set and before any sills are attached. We would like to inspect prior to any concrete being poured because if the forms are in the wrong place it is <u>MUCH</u> cheaper to move forms than concrete. If you do not have an approval of forms, you pour at <u>YOUR OWN RISK</u>.
- ____ FOUNDATION before back filling when the walls are complete, damp proofed, or water proofed, and the foundation drains are completely installed.
- _____ ROUGH-IN when framing is completed <u>BEFORE</u> drywalling and <u>AFTER</u> electrical, plumbing and mechanical inspections.
- ____ FINAL when project is complete and ready for occupancy, and <u>AFTER</u> electrical, plumbing, and mechanical final inspection.

ELECTRICAL:

- _____ TEMPORARY SERVICE when temporary service is complete and ready for hook-up.
- _____ PERMANENT SERVICE when permanent service is completed and ready for hook-up.
- _____ ROUGH-IN <u>BEFORE</u> insulating or drywalling, when wiring which will be hidden is completed.
- _____ FINAL when all fixtures are set, plates are on and the building is ready to be occupied.

MECHANICAL:

- ____ UNDERGROUND if anything is to be covered by dirt or concrete.
- ____ ROUGH-IN anything in walls (including ducts or chimneys) <u>BEFORE</u> drywalling.
- _____ FINAL when all furnace and/or air conditioning are completed and operating and you are ready to occupy.

PLUMBING:

- _____ UNDERGROUND when pipes are all run in ground, <u>BEFORE</u> you backfill or pour concrete.
- ____ ROUGH-IN when pipes are all run in wall <u>BEFORE</u> drywalling, also drainage lines in ceiling of basement <u>BEFORE</u> covering.
- ____ FINAL when fixtures are all set and operating and you are ready to occupy.

Please remember each job is different and goes at a different pace. Therefore, we have no idea when you are ready for any inspections unless you call us and let us know. Also, please make sure that you are actually ready for inspection. If an inspection is called for and the job is not ready, a re-inspection fee will be charged.

Thank you and good luck with your project!

Application for Building Permit Marion Township Jurisdiction

Authority:	1972 PA 230
Completion:	Mandatory to obtain permit
Penalty:	Permit will not be issued

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Sen	arate Application	Must Be Comple	eted for Plumbing.	Mechanical.	and Electrical Work Permits
	and and applications	ridde be compr	cica ioi i lailibilig/	ricchanical,	

I. PROJECT INFORMATION			
PROJECT NAME	ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
Marion Township		Saginaw	
BETWEEN	AND		
II. IDENTIFICATION	PROPERTY ID#_		
A. OWNER OR LESSEE			
NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
B. ARCHITECT OR ENGINEER			
NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER	·		EXPIRATION DATE
C. CONTRACTOR	ADDRESS		
	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW	1		
A. TYPE OF IMPROVEMENT			
1. NEW BUILDING 3. ALTERATION 5.			
2. ADDITION 4. REPAIR 6.	MOBILE HOME SET-UP	8. PREMANUFACTU	IRE 10. SPECIAL INSPECTION
B. PLAN REVIEW REQUIRED Plans must be submitted with an Application for Plan E	xamination and the a	oppropriate fee before a n	ermit can be issued, except as listed
below.			
Plans are not required for alterations and repair work deter	mined by the building of	ficial to be of a minor nature	
Plans and specifications are required for all other building type pursuant to 1980 PA 299 and shall bear that architect's or eng			vision of an architect or engineer licensed
Plan Review Submission No			

IV. PROPOSED USE OF BUILD	DING				
A. RESIDENTIAL					
1. ONE FAMILY	3. 🗌 но	DTEL, MOTEL	5. 🗌 DETAC	CHED GARAGE	
2. Two or more family	N	O. OF UNITS			
	4. 🗌 R	EPAIR	6. 🗌 OTHER	R	
B. NON-RESIDENTIAL					
		RVICE STATION			
7. AMUSEMENT 8. CHURCH, RELIGION		RVICE STATION DSPITAL, INSTITUTIONAL	_	OOL, LIBRARY, EDUCATIONAL RE, MERCANTILE	
9. INDUSTRIAL	_	FICE, BANK, PROFESSIONAL		S, TOWERS	
10. PARKING GARAGE	14. 🗌 PU	IBLIC UTILITY	18. 🗌 OTHE	ER	
NONRESIDENTIAL-DESCRIBE IN DETAIL PRO	PPOSED USE OF BUILDING, E.G.	FOOD PROCESSING PLANT, MACHI	NE SHOP, LAUNDRY BUILDI	NG AT HOSPITAL, ELEMENTARY SCHOOL	-1
SECONDARY SCHOOL, COLLEGE, PAROCHIAI		OR DEPARTMENT STORE, RENTAL O	FFICE BUILDING, OFFICE BU	JILDING AT INDUSTRIAL PLANT. IF USE	OF
EXISTING BUILDING IS BEING CHANGED, EN	TER PROPOSED USE.				
V. SELECTED CHARACTERIST	TCS OF BUILDING				
A. PRINCIPAL TYPE OF FRAM					
1. MASONRY, WALL BEARING	2. WOOD FRAME	3. STRUCTURAL STEEL	4. REINFORCED	CONCRETE 5. OTHER	
B. PRINCIPAL TYPE OF HEAT	TING FUEL				
6. GAS	7. 🗌 OIL	8. ELECTRICITY	9. 🗌 COAL	10. OTHER	
C. TYPE OF SEWAGE DISPOS	AL				
11. PUBLIC OR PRIVATE COMPANY		12	. SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY					
D. TIFE OF WATER SUFFET					
13. PUBLIC OR PRIVATE COMPANY		14	. PRIVATE WELL OR	CISTERN	
E. TYPE OF MECHANICAL					
15. WILL THERE BE AIR CONDITIONING?	YES NO	16	. WILL THERE BE FIRE SUP	PRESSION?	
F. DIMENSIONS/DATA					
17. NUMBER OF STORIES		21. FLOOR AREA:	EXISTING	ALTERATIONS N	EW
18. USE GROUP		BASEMENT			
19. CONSTRUCTION TYPE	<u>.</u>	1ST & 2ND FLOOR			
20. NO. OF OCCUPANTS		3RD – 10TH FLOOR			
		11TH – ABOVE			
		TOTAL AREA			
G. NUMBER OF OFF STREET	PARKING SPACES				
22 ENCLOSED		23. OUTDOORS			

VI. APPLICANT INFORMATION							
APPLICANT IS RESPONSIBLE FOR THE PAYME FOLLOWING INFORMATION:	NT OF ALL I	FEES AND (CHARGES APPLICABL	LE TO T	HIS APPLICATION	N AND MUST PROV	/IDE THE
NAME		ADDRESS					
СІТҮ	STATE		ZIP CODE		TELEPHONE NUMBER (Include Area Code)	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)							
I HEREBY CERTIFY THAT THE PROPOSED WORK IS A THIS APPLICATION AS HIS/HER AUTHORIZED AG INFORMATION SUBMITTED ON THIS APPLICATION Section 23a of the state construction code act requirements of this state relating to persons v	ENT, AND V IS ACCURATI	VE AGREE T E TO THE BE 2 PA 230, M	TO CONFORM TO ALL EST OF MY KNOWLEDG CL 125.1523A, prohibits	APPLIC	ABLE LAWS OF TH	IE STATE OF MICH	IGAN. ALL
subjected to civil fines.							
SIGNATURE OF APPLICANT							
BUILDING PERMIT FEE ENCLOSED (The first \$75.00 of an application is non-refundable) \$		I	PAYABLE TO:				
VII: LOCAL GOVERNMENTAL AGENCY TO	COMPLET	E THIS SE	CTION				
	ENVIRON	MENTAL	CONTROL APPROV	ALS		[]	
	REQUI	IRED?	APPROVED		DATE	NUMBER	BY
A – ZONING							
B – FIRE DISTRICT							
C – POLLUTION CONTROL							
D – NOISE CONTROL							
E – SOIL EROSION							
F –FLOOD ZONE							
G – WATER SUPPLY							
H – SEPTIC SYSTEM							
I – VARIANCE GRANTED							
J –OTHER							
VII. VALIDATION - FOR DEPARTMENT US	SE ONLY						
USE GROUP				B	ASE FEE		
TYPE OF CONSTRUCTION				Ν	Umber of Inspect	TIONS	
SQUARE FEET							
APPROVAL SIGNATURE							
TITLE				D	ATE		

IX	: S	ITE	OR	PL	от	PL/	AN ·	– F0	OR .	APF	PLIC	CAN	IT L	ISE																		
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The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need

help with reading, writing, hearing, etc, under the Americans with Disabilities Act, you may make your needs known to this agency.