

Shiawassee County Community Development Department
201 N. Shiawassee St., Surbeck Building, Third Floor
Corunna, MI 48817
Ph: (989) 743-2396 Email: comdev@shiawassee.net
<https://www.shiawassee.net/Community-Development/>

DECK PERMIT CHECKLIST

ZONING PERMIT

- _____ 1. Completed **Zoning Permit Application***.
- _____ 2. **Proof of Ownership** if purchased within the last year.
- _____ 3. **Completed Site Plan Grid**
 - a. Minimum site plan requirements are listed on Page 4 of this packet.
 - b. A sample site plan grid is listed on Page 5 of this packet.
- _____ 4. **Soil Erosion and Sedimentation Review:** A soil erosion review is required by the State of Michigan through Shiawassee County Environmental Health. Additional information can be found [here](#).

BUILDING PERMIT

(Contractors must be registered with the Building Department)

- _____ 1. Completed **Building Permit Application** form.
- _____ 2. Completed **Residential Deck Specifications**.
- _____ 3. **Blueprints and/or Plans:** Must include overhead view of the deck reflecting: footing/ post locations as well as beam and joist layout.

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED

***Commercial and Industrial construction requires Site Plan Review Approval**

Application for a Zoning Permit

Shiawassee County Community Development Department
 Surbeck Building, 3rd Floor
 201 N. Shiawassee Street, 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 Road: _____		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: Land Division Certificate Survey Proof of Ownership Septic Permit # _____ Well Permit # _____ Driveway Permit Soil Erosion Permit New Address		
Address: _____				
City/State/Zip: _____				
Phone: _____				
Fax/Email: _____				
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			Are you creating a pond?
<input type="checkbox"/>	Temporary Structure/Use			Is your project within 500ft. 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	For Sign Permits Only		
<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: Pole Ground Wall 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"/>	Hazardous Material Storage			
<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

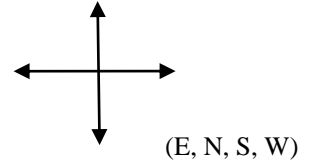
Date

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

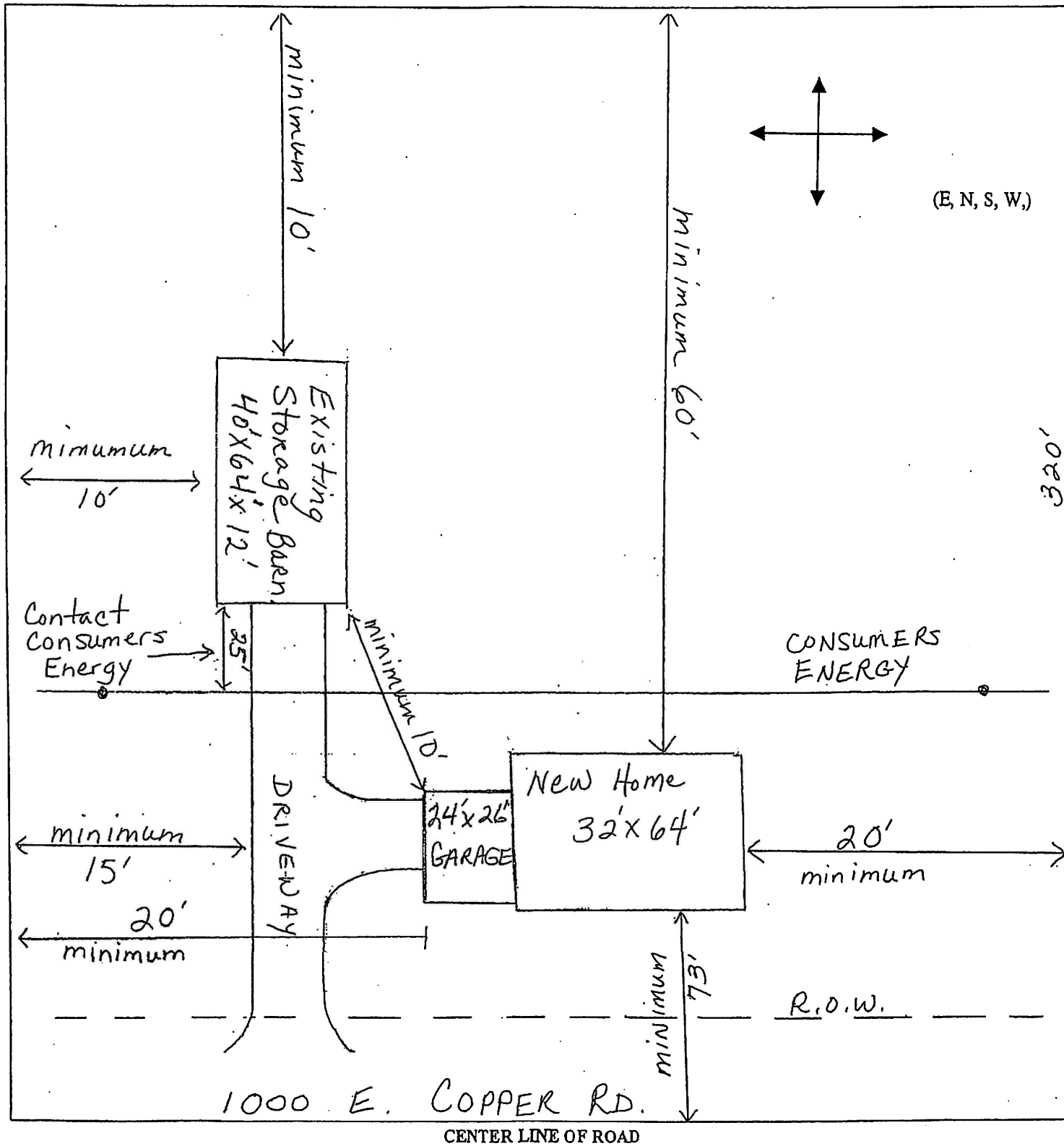
SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME John Doe PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



BUILDING PERMIT APPLICATION

This application shall become incorporated as a part of the permit and only authorizes the items of work as herein applied for, as described on the issued permit.

Shiawassee County
Community Development
201 N. Shiawassee St.
Corunna, MI 48817
(989) 743-2396

Email: comdev@shiawassee.net

OFFICE USE ONLY

PERMIT # _____

DATE: _____

RECEIPT # _____

Job Site Address:	Township:	Property Tax ID #:
Property Owner:	Email:	Phone:
Owners Mailing Address, City, State, Zip:		
Contractor:	Email:	Phone:
Contractor Address, City, State, Zip:		
Alternate Phone/ Contact Information:	License #:	Expiration Date:
Use of Building:	Foundation Type: Poured Wall <input type="checkbox"/> Post <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>	
Class of Work: New Home <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement <input type="checkbox"/> Conventional Frame <input type="checkbox"/> Post Frame <input type="checkbox"/> Modular <input type="checkbox"/>		
HUD Double Wide/ Single Wide <input type="checkbox"/> Structured Steel <input type="checkbox"/>		
Describe Work:		
Special Conditions:		

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

***Section 23A of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, 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 subjected to civil fines.**

Signature of Contractor or Authorized Agent* (Date)

Signature of Owner (if owner is doing building) (Date)

***I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

FOR OFFICE USE ONLY			
Administration Fee: \$40.00			
Total Valuation		Permit Fee	
Requirements	Required	Received	Not Required
Contractor Registration			
Zoning			
Plans			
Truss Drawings			
Energy Comp/Blower Door			
Comm. Plan Review Fee			
REQUIRED INSPECTIONS			
<input type="checkbox"/> FOOTING	<input type="checkbox"/> BACKFILL	<input type="checkbox"/> ROUGH	
<input type="checkbox"/> INSULATION	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER	

Application Received by:	Plan Reviewed by:	Approved for Issuance by:

Date Received

Residential Deck Specifications

Deck Guards

Guards are required if the floor is 30 inches or more off the ground. Openings shall be sized so a 4 inch sphere will not pass through.

Floor Joist Clear Span – _____

Floor Joist Size – _____

Floor Joist Spacing – _____

Deck Floor Material – _____

Carrier/Beam Size of Lumber & Quantity - _____

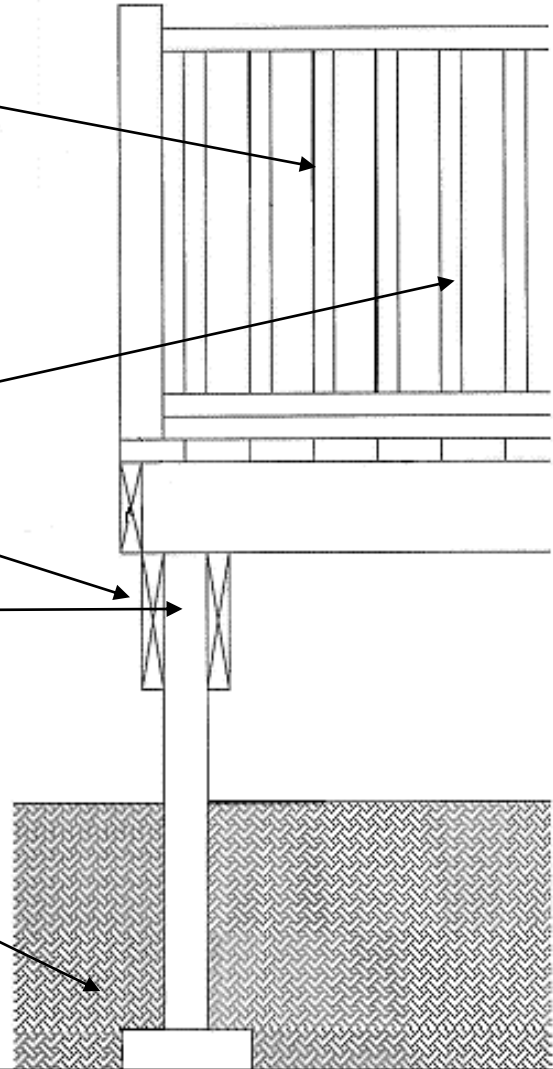
Is the Deck Attached to the House – Yes - ____ No - ____

Post Size – _____

Post Spacing - _____ Feet _____ Inches

Footing Depth Below Grade - _____ Inches

Footings – Width _____ Height _____



Deck Stairways

Stairways shall not be less than 36 inches in clear width. The maximum riser height shall be 8 ¼ inches and the minimum tread depth shall be 9 inches.

Deck Stairway Handrails

All required handrails shall be continuous the full length of stairways with 3 or more risers on at least 1 side of stairways. Handrails shall be placed not less that 34 inches or more than 38 inches above the nosing of the treads. The handgrip portion of handrails shall have a circular cross section of 1 ¼ inches minimum to 2 5/8 inches maximum. Other handrail shapes that provide an equivalent grasping surface are permissible. Edges shall have a minimum radius of 1/8 inch. Open sides of stairs with a total rise of more than 30 inches above the floor or grade below shall have guards not less than 34 inches in height measured vertically from the nosing of the treads.

NOTE: DECK OVERHEAD LAYOUT IS REQUIRED