

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/>

CONSTRUCTION PERMIT CHECKLIST
(For all projects other than new homes)

- _____ 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 the office of Environmental Health.
- _____ 5. **Septic/Sewage Permit:** If the project includes a net increase in bedrooms, the [Environmental Health Department](#) must issue a permit or waiver.

BUILDING PERMIT

(Contractors must be registered with the Building Department)

- _____ 1. Completed **Building Permit Application** listed on Page 6 of this packet.
- _____ 2. **Blueprints/Plans:** Two (2) complete sets of building and foundation plans and specifications, including a cross-section of the proposed project.
- _____ 3. Completed **Roof Loading Data Sheet** (listed on Page 7 of this packet) or **Truss Drawings** submitted with this application packet.
- _____ 4. **Proof of Ownership:** Proof of ownership must be provided with the Building Permit when the project does not require a Zoning Permit.

PERMITS WILL NOT BE ISSUED WITHOUT REQUIRED DOCUMENTATION

*Commercial and Industrial construction requires Site Plan Review Approval

V: 08.03.21

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

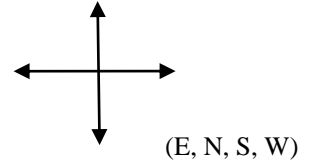
Date

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

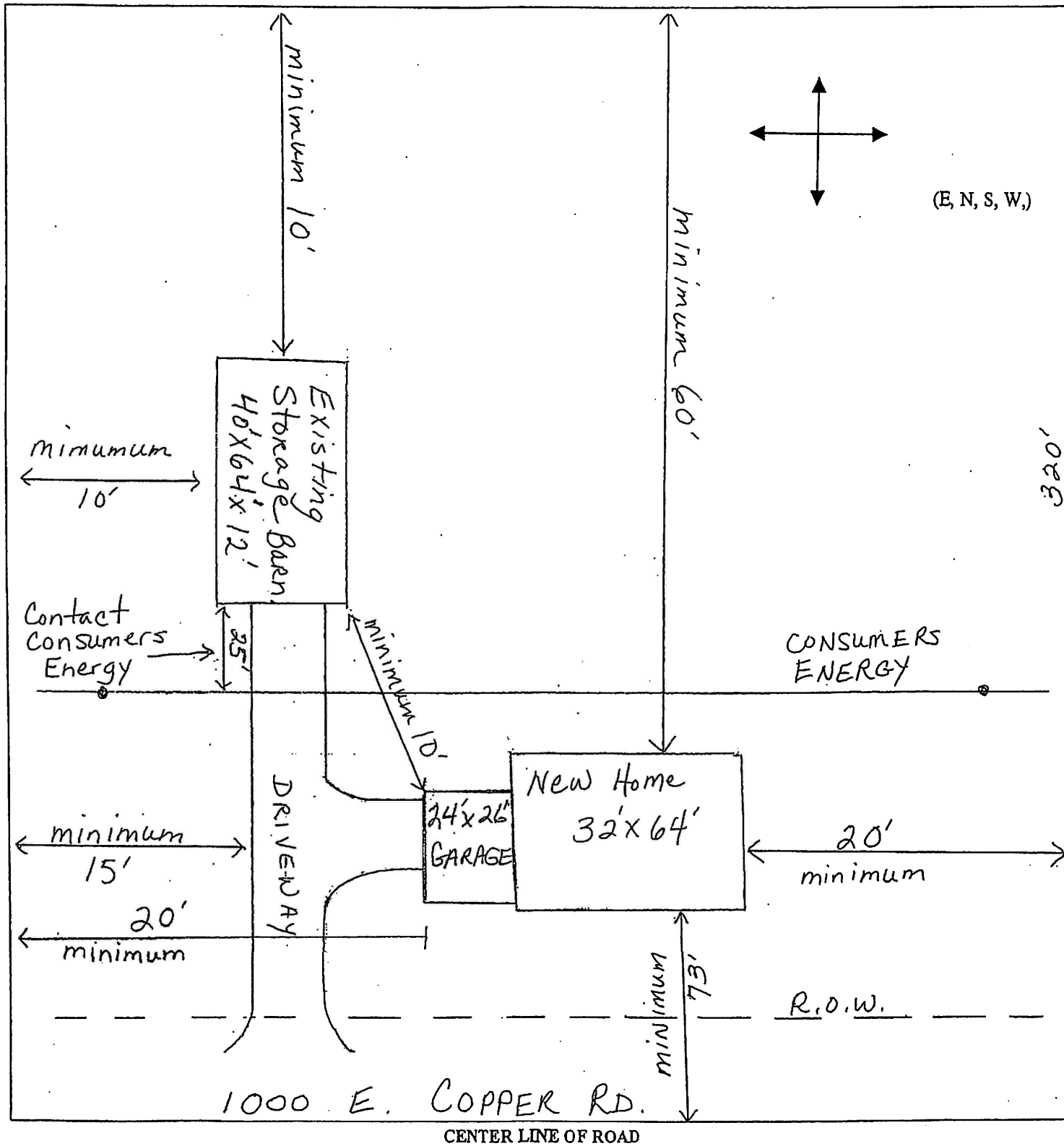
SHIAWASSEE COUNTY ZONING SITE PLAN GRID

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 issued and only authorizes the items of work as herein applied for.

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

Email: comdev@shiawassee.net

OFFICE USE ONLY

PERMIT # _____
DATE _____
CHECK # _____
RECEIPT # _____

Job Site Address:		Township:		Property Tax ID #:	
Property Owner:			Email:		Phone:
Owners Mailing Address, City, State, Zip:					
Contractor:		Email:		License #:	
Contractor Address, City, State, Zip:					Exp. Date:
Contractor Address, City, State, Zip:				Phone:	
Workers Disability/Comp Ins Co.:			Employer ID #:		MESC #:
Use of Building:					
Class of Work: New Home <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Pole Barn <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Modular <input type="checkbox"/> Mobile home <input type="checkbox"/>					
Method of Compliance: Michigan Residential Code <input type="checkbox"/> Michigan Building Code <input type="checkbox"/> Rehabilitation Code <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.**

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

FOR OFFICE USE ONLY			
Administration Fee: \$40.00			
Total Valuation		Permit Fee	
Type of Const.	No. of Stories	C of O Required	
Requirements	Required	Received	Not Required
Contractor Registration			
Zoning			
Well/ Water			
Septic/ Sewer			
Flood Plain			
Soil Erosion			
Plans			
Plan Review			
Energy Comp/Blower Door			
Drain			
Driveway/Address			
Comm. Plan Review Fee			
REQUIRED INSPECTIONS			
<input type="checkbox"/> FOOTING	<input type="checkbox"/> ROUGH	<input type="checkbox"/> BACKFILL	
<input type="checkbox"/> INSULATION	<input type="checkbox"/> OTHER	<input type="checkbox"/> FINAL	

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

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, $P_g = 30$ PSF From Figure R301.2(5) or MRC Table R301.2(5)

Exposure Factor C_e		Fully Exposed ¹		Partially Exposed ²		Sheltered ³	
Exposure R301.2.1.4 (pg. 48)							
B	Urban and suburban areas, wooded areas or other terrain with closely spaced objects having the size of single-family dwellings or larger.						
C	Open terrain with scattered obstructions having heights less than 30 ft. (flat open country)						
D	Flat unobstructed areas exposed to wind flowing over open water for a distance of at least 1 mile. (i.e. Great Lakes.)						

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			
All structures except as listed below			
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			
Unheated structures and those intentionally kept below freezing, such as seasonal building or storage buildings			
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.			

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

Importance Factor (I)

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

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

SHIAWASSEE COUNTY INSPECTION INFORMATION

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 VENEET (BRICK, STONE, ECT.).

ROUGH FRAME: (BEFORE INSULATING OR DRWALL) 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.

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 3¹/₂' - 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 COVER PLATES ARE ON.

MECHANICAL

UNDERGROUND: REQUIRED IF ANYTHING IS TO BE COVERED BY FILL OR CONCRETE.

ROUGH IN: WHEN ALL MECHANICAL SYSTEMS AND RELATED DUCTS/VENTS/FANS 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 ALL EQUIPMENT/FANS/SYSTEMS ARE COMPLETED, HAVE BEEN TESTED 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. ON SITE BUILT SHOWER PANS SHALL BE TESTED WATER TIGHT.

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 CALL AND LET US KNOW WHEN YOU WILL BE READY FOR AN 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, OUR OFFICE AT 989-743-2396, OR EMAIL comdev@shiawassee.net

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 QUESTIONS PLEASE CONTACT THE MAIN OFFICE AT: (989) 743-2396

Residential Frame Built (Roof, Walls, Floor, and Foundation)

Roof:

Pitch - _____

Shingles - _____

Felt - _____

Ice Barrier - _____

Roof Sheathing - _____

Truss - Yes No

If No Answer The Following

Rafter Size - _____

Rafter Spacing - _____

Rafter Clear Span - _____

Rafter Species - _____

Ridge - _____

Ceiling Joist Size - _____

Ceiling Joist Spacing - _____

Ceiling Joist Species - _____

Insulation - _____

Roof Ventilation - _____

Walls:

Siding - _____

Sheathing - _____

Bldg. Paper (Tyvek) - _____

Insulation - _____

Walls Framing - _____

Headers - _____

Interior Finish - _____

Ceiling Height - _____

Floor:

Sub-Floor - _____

Floor Joist Size - _____

Floor Joist Spacing - _____

Floor Joist Clear Span - _____

Floor Joist Species - _____

Beam Type & Size - _____

Distance From Grade - _____

Foundation:

Anchor Type - _____

Anchor Spacing - _____

Sill Plate - _____

Poured Wall Size - _____

Block Wall Size - _____

Vertical Reinforcement - # _____ o.c.

Concrete Floor Thickness - _____

Vapor Barrier - _____

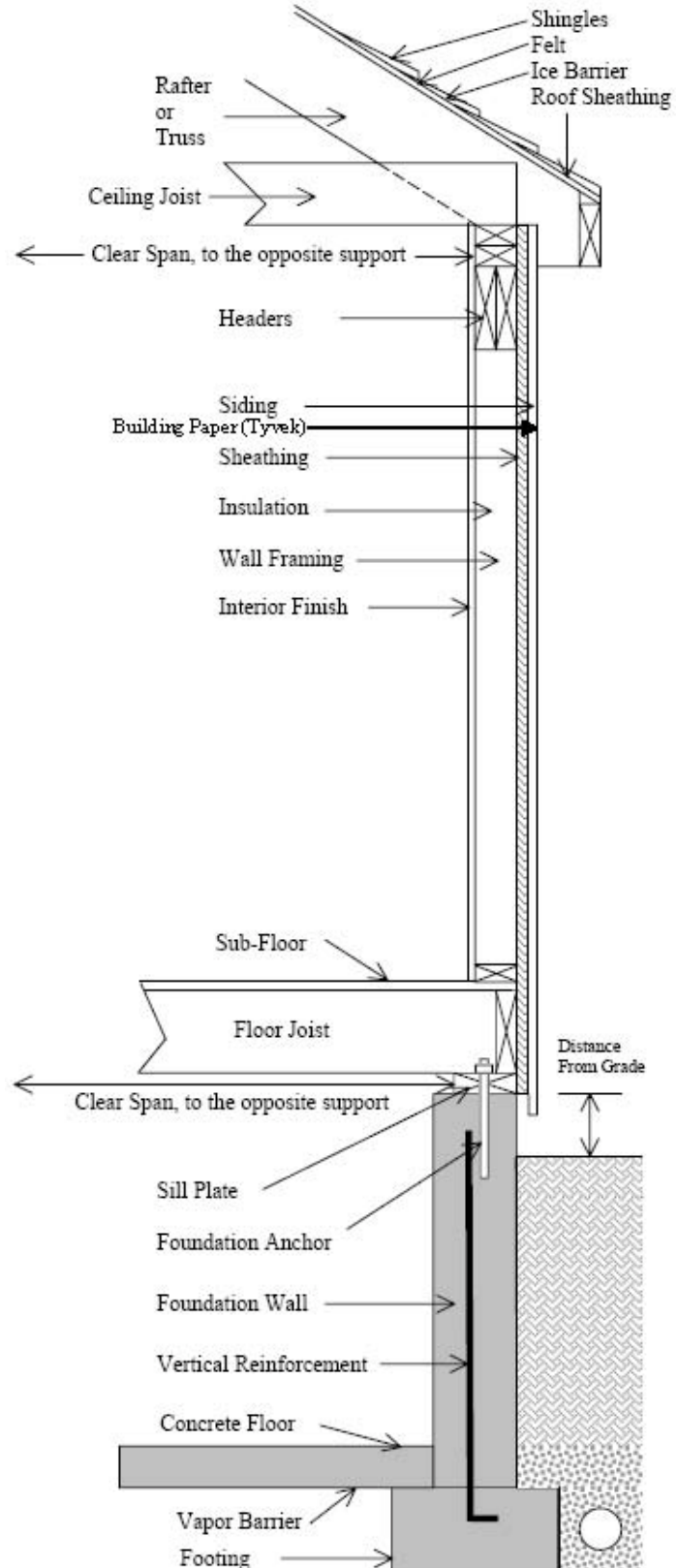
Column Pad Size - _____ x _____ x _____

Column Spacing - _____

Footing Width - _____

Footing Height - _____

Footing Depth Below Grade - _____



Residential Garages & Accessory Structures

Roof Pitch - _____
 Roof Covering - _____
 Underlayment - _____

JOB ADDRESS:

BUILDING SIZE:

Roof Deck - _____
 Trusses – Yes - No - _____

If No Fill In The Following:

Size Of Ridge - _____
 Size Of Rafters - _____
 Rafter Species Of Lumber - _____
 Rafter Spacing - _____
 Ceiling Joist - _____

Wall Materials

Size Of Studs - _____
 Top Plates - _____
 Bottom Plates - _____
 Stud Spacing - _____
 Garage Door Header - _____
 Garage Door Header Span - _____
 Service Door - _____
 Service Door Header Span - _____
 Window Header - _____
 Window Header Span - _____
 Insulation Type - _____
 Interior Finish - _____
 Sheathing - _____
 Siding - _____

Foundation

Foundation Anchor Type – Bolt _____ Strap _____
 Foundation Anchor Spacing - _____
 Foundation Size - _____
 Footing Width - _____
 Footing Depth - _____

Concrete Slab-On-Ground Floors Shall Be A Minimum 3 ½ Inches Thick

Attached Garages And Other Attached Accessory Structures Shall Have Exterior Footings And Foundation Systems That Extend 42 Inches Below Actual Grade. Detached Garages And Other Accessory Structures That Exceed 400 Square Feet Shall Have Exterior Footings And Foundation Systems That Extend 42 Inches Below Actual Grade.

