

Shiawassee County Community Development
Surbeck Building
201 North Shiawassee Street
3rd Floor
Corunna, MI 48817
comdev@shiawassee.net
989-743-2396

POOL PERMIT CHECKLIST

*Permit applications will not be accepted unless all documents are submitted at the time of application.

Zoning Permit

*Commercial construction requires a Site Plan Review approval. Permit fee due at time of application.

- ___ 1. **Completed Zoning Permit Application**: With notarized "Affidavit of Compliance".
- ___ 2. **Proof of Ownership**: A recorded land contract, deed (with Liber and page number), or a tax statement that includes a full legal description.
- ___ 3. **Plot Plan**: An acceptable, legible plot plan which **must** include; directional arrow, property dimensions, front yard from road right-of-way, side and rear yards, setbacks from any structures, overhead wires, county drains, water's edge, and location of well & septic area.
- ___ 4. **Soil Erosion & Sedimentation Review**: Shiawassee Environmental Health requires a Soil Erosion Review to qualify for a Zoning Permit. Contact Environmental Health at (989) 743-2390.
- ___ 5. **Inspections**: A minimum of 1 inspection must take place to finalize permit and have Performance Bond Check voided and returned.

Additional Permits

- ___ 1. **Completed Building Permit Application**: required
- ___ 2. **Completed Mechanical Permit Application**: If applicable
- ___ 3. **Completed Electrical Permit Application**: If applicable

*All contractors must be registered with the Building Department

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

Affidavit of Compliance

(*As outlined within Section 16.5.3 of the Shiawassee County Zoning Ordinance, June 7th, 1999)

I, _____, am the owner of, or the authorized agent of the owner of the parcel described on the attached Site Plan. I have read and I understand the terms of the Affidavit of Compliance as listed below and agree to comply with the following, as applicable;

1. The Land Division Act, Public Act 288 of 1967, as amended.
2. The Shiawassee County Health Department Sanitary Code.
3. The Flood Plain regulations of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 31, as amended.
4. Michigan Public Health Code, Public Act 368 of 1978, as amended.
5. Farmland and Open Space Preservation provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 361, as amended.
6. Wetlands Protection provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 301, Section 324.30301 et.seq., as amended.
7. Inland Lakes and Streams provisions of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 301, Section 324.30101 et.seq., as amended.
8. "Miss Dig Law", Act 53, as amended.
9. Airport Zoning Act, Public Act 23 of 1950, as amended.
10. State Construction Act, Public Act 23 of 1950, as amended.
11. Shiawassee County Drain Commission Standard Construction specifications for open and closed drains.
12. Shiawassee County Subdivision Control Procedures pursuant to Public Act 288 of 1967, as amended.
13. Shiawassee County Soil Erosion and Sedimentation Control Ordinance, and any applicable regulations of the Natural Resources and Environmental Protection Act, Public Act 451 of 1994, Part 91, Section 324.9101 et.seq., as amended.
14. Michigan Department of Environmental Quality rules for Land Divisions, as amended.
15. All township or village ordinances that are applicable to the proposed building, structure, or land use.
16. All other State, Federal, or local laws, rules, or regulations applicable to the proposed building, structure, or use of the property.

Signature of Applicant:

Date:

The foregoing instrument was acknowledged before me this ____ day of _____, 2024.

Notary Public, _____, MI.

My Commission Expires: _____

SAMPLE

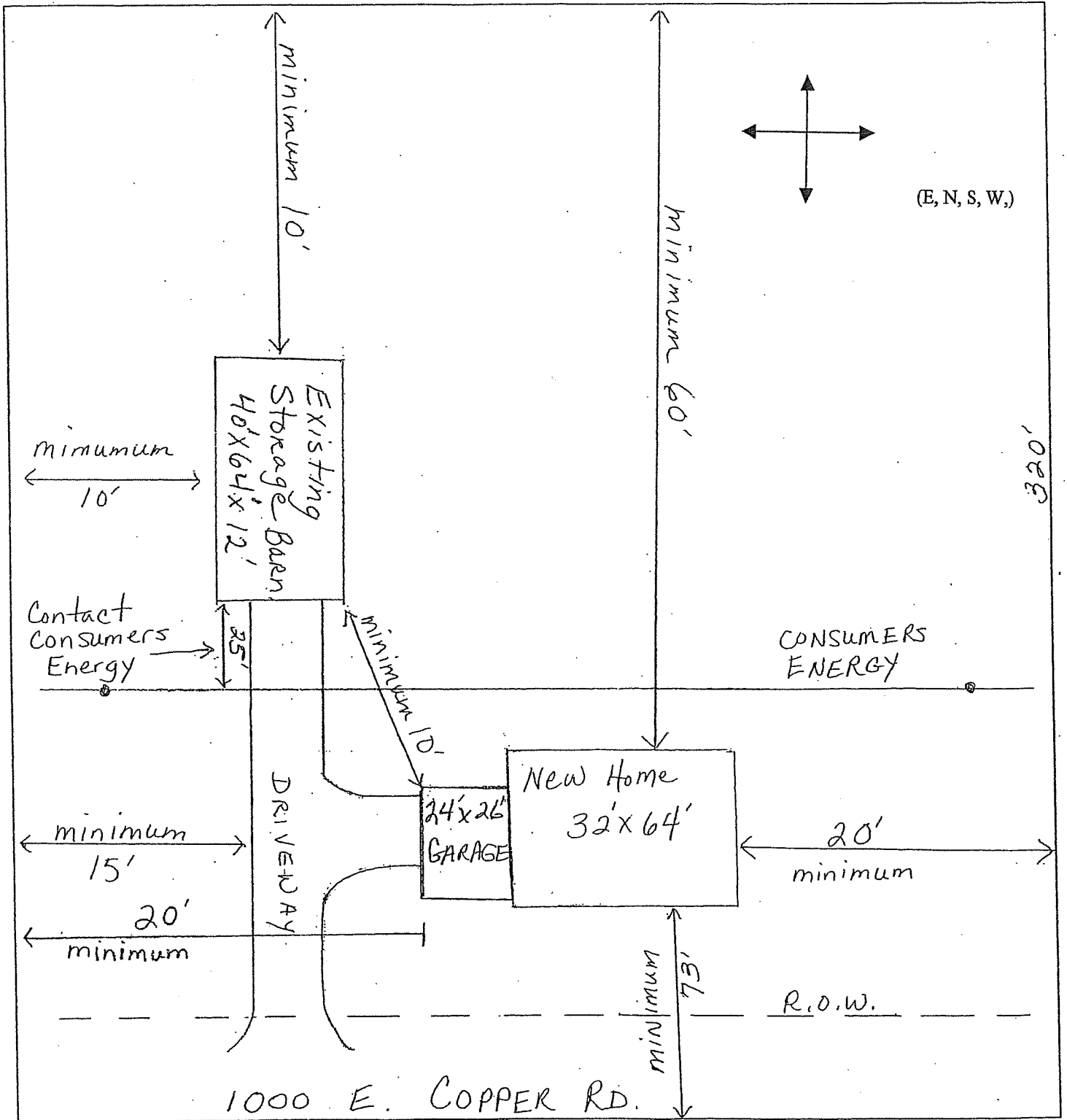
SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME John Doe PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



CENTER LINE OF ROAD

SITE PLAN REQUIREMENTS

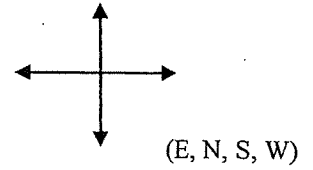
1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately 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.

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME _____ PROJECT ADDRESS _____

LOT SIZE: _____ or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)



CENTER LINE OF ROAD

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 #:	
				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	

MECHANICAL 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

Permit #: _____

Receipt #: _____

DO NOT START WORK BEFORE PERMIT IS ISSUED

<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"/> L/F ONLY	<input type="checkbox"/> ALTER/REPAIR	<input type="checkbox"/> BOILER ONLY	<input type="checkbox"/> SW OR IN A PARK	

Project Details: _____

Please leave unknown information blank.

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

Contractor/Homeowner Information

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:

BUILDING DIMENSIONS (Measured In Square Feet)

Dwelling: 1st floor _____ 2nd floor _____
 Att. Garage: _____ Acc. Bldg: _____

BUILDING TYPE

Frame Masonry Pole
 Structured Steel Reinforced Conc. Other _____

FOUNDATION

Block Poured Wall Wood
 Trenched Footing Ratwall Other _____
 Walkout _____ x _____ Reg./Unfin. _____ x _____
 Reg./Fin. _____ x _____ Crawlspace _____ x _____

NUMBER OF ROOMS

of bathrooms _____ # of bedrooms _____
 # of all rooms _____

BASEMENT (please note size):

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.

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 inspection 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	\$40.00
4. Burners Under 400,000 BTU's	40.00		
Over 400,000 BTU's	50.00		
5. Solid Fuel Equipment/Water Heater	40.00		
6. Combined Fuel Furnaces	45.00		
7. Solar Equipment (Each Panel)	35.00		
AIR CONDITIONING, REFRIGERATION AND HEAT PUMPS			
8. Air Conditioning Units	35.00		
9. Heat Pumps	40.00		
AIR HANDLERS; SELF CONTAINED UNITS			
10. Under 1,500 CFM	25.00		
Over 1,500 CFM	50.00		
DEDICATED VENT SYSTEMS			
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		
HEATERS - GAS FIRED, STEAM/HOT WATER			
15. Unit Heater - Boiler	40.00		
16. Infra-Red Heater	40.00		
17. Pool Heaters	40.00		
DUCT, GAS PIPING & FIRE SUPPRESSION SYS. (Based on bldg.)			
18. Duct System Under \$2,000	25.00		
Each Additional \$2,000	10.00		
19. Duct, Underground Per Inspection	40.00		
20. Gas Piping/Main Lines	25.00		
21. Each Branch Opening	5.00		
22. Hydronic/Process-Piping Main Line	15.00		
23. Per Floor	250.00		
24. Hydronic Air Handler for Heating	25.00		
MISCELLANEOUS			
25. Humidifiers	15.00		
26. Electronic Air Cleaner w/ Washer	15.00		
27. Energy Conservation Device	15.00		
28. Water Heater-Gas, Elect. or Oil	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		
TOTAL FEE TO BE PAID			

Approved _____ Date _____

 Signature of Homeowner/Applicant - Licensee

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 #: _____

Notification #: _____

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:

Contractor/Homeowner Information

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:

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		
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	1	\$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		
K.V.A. and H.P. RATED EQUIPMENT			
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		
MISCELLANEOUS			
19. Special/Safety Inspection	40.00		
20. Additional Inspection	40.00		
21. Evaluation	50.00		
TOTAL FEE TO BE PAID			\$87.00

BUILDING DIMENSIONS (Measured In Square Feet)

Dwelling: 1st floor _____ 2nd floor _____
 Att. Garage: _____ Acc. Bldg: _____

BUILDING TYPE

Frame Masonry Pole
 Structured Steel Reinforced Conc. Other _____

FOUNDATION

Block Poured Wall Wood
 Trenched Footing Ratwall Other _____
 Walkout _____ x _____ Reg./Unfin. _____ x _____
 Reg./Fin. _____ x _____ Crawlspace _____ x _____

NUMBER OF ROOMS

of bathrooms _____ # of bedrooms _____
 # of all rooms _____

BASEMENT (please note size):

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.

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

INSPECTION REQUEST INFORMATION:

Inspection request line: 989-743-2280

Please have the following information ready;

1. Address and/ or permit number
2. Type of permit (i.e., Building, Electrical, Mechanical, etc.)
3. Type of inspection (i.e., Underground, Rough, Final, etc.)
4. Contact information of the person requesting the inspection
5. How to gain access to project (i.e., Key location, Lock Box number, open access, etc.)

All permits require a minimum of 1 inspection.

All additional inspections are **\$40.00**

Re-inspection fees are **\$60.00** and **MUST** be paid prior to scheduling re-inspection.

To contact an inspector call the main office at 989-743-2396.