

Richland Township

1180 N. Hemlock Road

Hemlock, MI 48626

(989) 642-2097

Fax (989) 642-5882

Bldg. Permit # _____

Date _____

Parcel 22-12-2- _____

Inspector:
Scott Crofoot
(989) 737-5671

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

Note: Separate Applications Must be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. Project Information				
PROJECT NAME		ADDRESS		
NAME OF VILLAGE OR TOWNSHIP JOB LOCATED <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP OF: RICHLAND		COUNTY SAGINAW	ZIP CODE	
BETWEEN		AND		
II. IDENTIFICATION				
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				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER (INCLUDE AREA CODE)	
BUSINESS LICENSE NUMBER		EXPIRATION DATE		
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> SPECIAL INSPECTION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SETUP	<input type="checkbox"/> PREMANUFACTURE	
B. PLAN REVIEW REQUIRED				
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.				
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.				
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.				
Plan Review Submission No. _____				

IV. PROPOSED USE OF BUILDING			
A. RESIDENTIAL			
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> HOTEL/MOTEL NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE	
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____	
B. NON RESIDENTIAL			
<input type="checkbox"/> AMUSEMENT	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	
<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> STORE, MERCANTILE	
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> TANKS, TOWERS	
<input type="checkbox"/> PARKING GARAGE	<input type="checkbox"/> PUBLIC UTILITY	<input type="checkbox"/> OTHER _____	
NON RESIDENTIAL- DESCRIBE IN DETAIL PROPOSED USE OF BUILDING E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED ENTER PROPOSED USE.			
V. SELECTED CHARACTERISTICS OF BUILDING			
A. PRINCIPAL TYPE OF FRAME			
<input type="checkbox"/> 1. MASONRY WALL BEARING	<input type="checkbox"/> 2. WOOD FRAME	<input type="checkbox"/> 3. STRUCTURAL STEEL	<input type="checkbox"/> 4. REINFORCED CONCRETE
<input type="checkbox"/> 5. OTHER _____			
B. PRINCIPAL TYPE OF HEATING FUEL			
<input type="checkbox"/> 6. GAS	<input type="checkbox"/> 7. OIL	<input type="checkbox"/> 8. ELECTRICITY	<input type="checkbox"/> 9. COAL
<input type="checkbox"/> 10. OTHER _____			
C. TYPE OF SEWAGE DISPOSAL			
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 12. SEPTIC SYSTEM	
D. TYPE OF WATER SUPPLY			
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN	
E. TYPE OF MECHANICAL			
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. DIMENSIONS/ DATA			
17. NUMBER OF STORES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS
18. USE GROUP _____	BASEMENT	_____	_____
19. CONSTRUCTION TYPE _____	1 ST AND 2 ND FLOOR	_____	_____
20. NO. OF OCCUPANTS _____	3 RD -10 TH FLOOR	_____	_____
	11 TH - ABOVE	_____	_____
	TOTAL AREA	_____	_____
G. NUMBER OF OFF STREET PARKING SPACES			
22. ENCLOSED _____		23. OUTDOORS _____	
VI. APPLICANT INFORMATION			
THE APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OR 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.			
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 residential structure. Violators of section 23a are subjected to civil fines.			
SIGNATURE OF APPLICANT			

BUILDING PERMIT FEE ENCLOSED (The first \$75 of an application is non-refundable) \$ _____

Type of Foundation: BASEMENT CRAWL SPACE BLOCK POURED WOOD FOR ACCESSORY BUILDINGS -OR- UNATTACHED GARAGE CEMENT SLAB WITH RAT WALL POST FOR POLE BUILDINGS**SIZE OF PARCEL:**

WIDTH _____

DEPTH _____

ACRES _____

PROPERTY TAX NUMBER:

22-12-2- _____ - _____ - _____

DIMENSIONS:

FIRST FLOOR: LENGTH _____ WIDTH _____ TOTAL _____

SECOND FLOOR: LENGTH _____ WIDTH _____ TOTAL _____

THIRD FLOOR: LENGTH _____ WIDTH _____ TOTAL _____

ATTACHED OR UNATTACHED GARAGE: LENGTH _____ WIDTH _____ TOTAL _____

ALL OTHER BUILDINGS: LENGTH _____ WIDTH _____ TOTAL _____

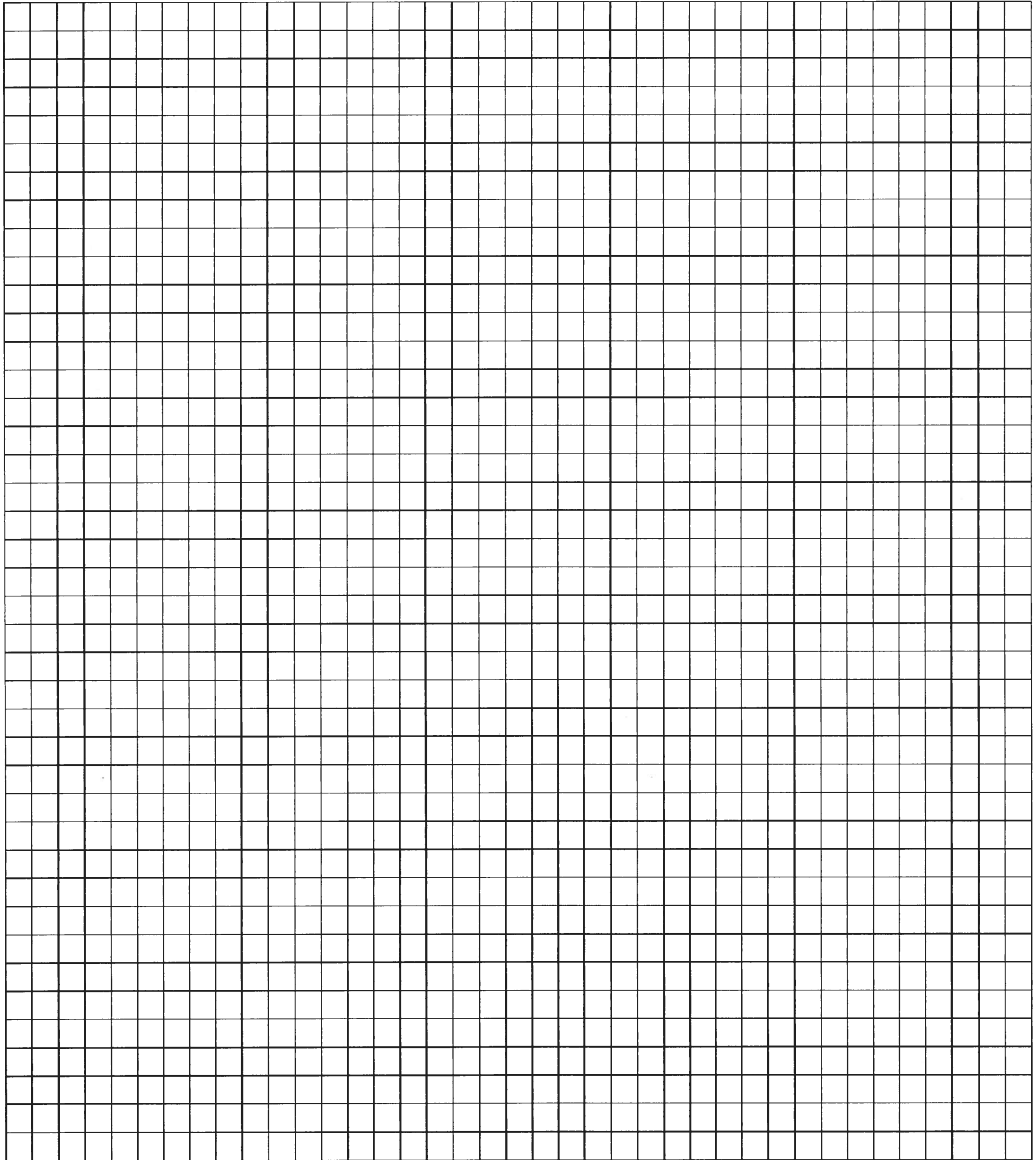
DECK: LENGTH _____ WIDTH _____ TOTAL _____

NUMBER OF STORIES _____**TOTAL HEIGHT OF BUILDING** _____**ZONING:** R1 – RESIDENTIAL R2 – RESIDENTIAL MULTIPLE FAMILY A1 – AGRICULTURAL A2 – AGRICULTURAL/DISPERSED RESIDENTIAL C1 – DOWNTOWN COMMERCIAL C2 – GENERAL COMMERCIAL M1 – INDUSTRIAL**TOTAL COST OF PROJECT** _____

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION					
ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A. ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B. FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C. POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E. SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F. FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G. WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H. SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I. VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J. OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
VIII. VALIDATION- FOR DEPARTMENT USE ONLY					
USE GROUP _____	BASE FEE _____				
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____				
SQUARE FEET _____					
APPROVAL SIGNATURE _____					
TITLE _____			DATE _____		

IX. SITE OR PLOT PLAN – FOR APPLICANT USE

NORTH



SOUTH

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.

THE SITE OF PLOT PLAN SHEET MUST BE USED TO SHOW WHERE THE BUILDING WILL SIT ON THE PROPERTY. LOT LINES MUST BE SHOWN WITH DIMENSIONS FROM ALL FOUR SIDES. DO NOT MEASURE FROM THE CENTER OF ROAD FOR FRONT LOT LINE. USE ROAD RIGHT OF WAY TO MEASURE FROM. USE A SEPARATE SHEET OF PAPER TO SHOW YOUR FLOOR PLAN.

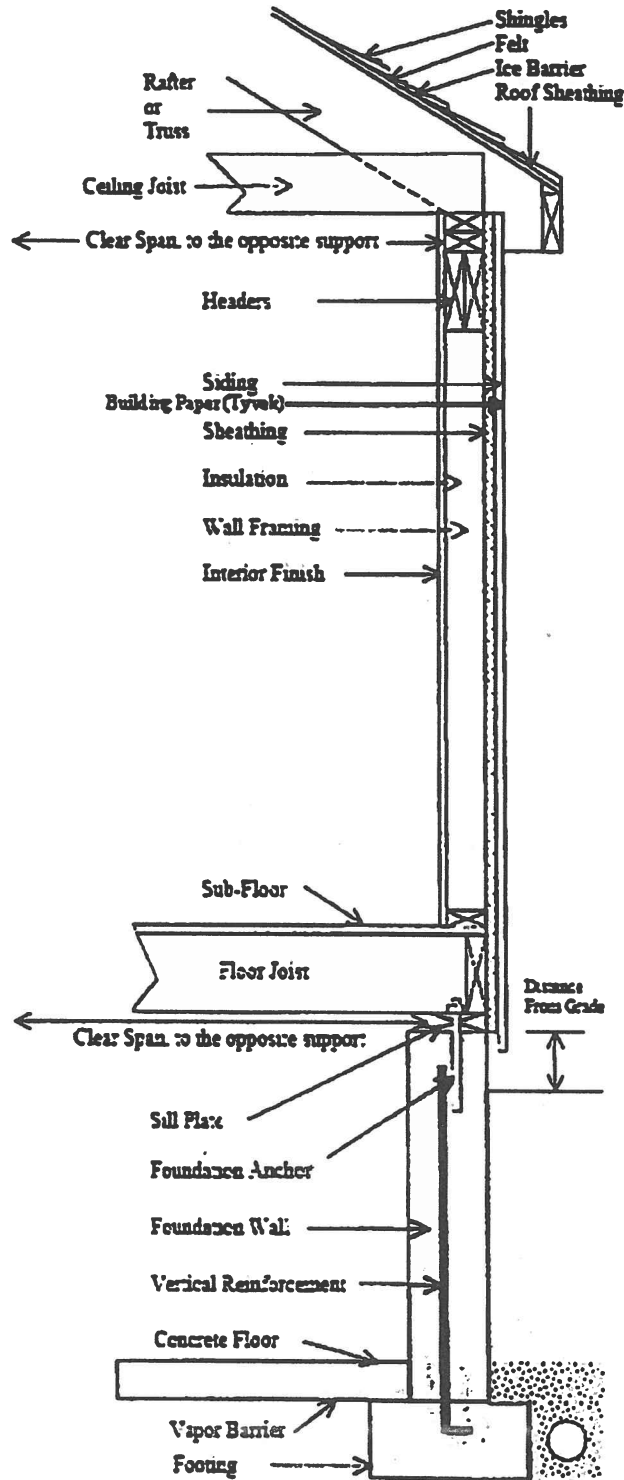
Residential Frame Built (Roof, Walls, Floor, and Foundation)

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 - _____
 Insulation - _____





FOUNDED 1862 • HEMLOCK

1180 N. Hemlock Rd. • Hemlock, Michigan 48626
 Phone 989-642-2097 • Fax 989-642-5882

APPLICATION FOR ZONING COMPLIANCE CERTIFICATE		
Project Information		
Project Address	Property ID Number: 22-12-2-	Zoning Dist.*
Owner Name	Contact Address	Phone
Contact Email Address:		
Application Fee: \$15.00	Estimated cost of project:	

***Note: Any work in Commercial or Industrial districts requires a site plan review, contact Zoning Administrator.**

Contractor Information		
Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	Cell:

Type of Improvement:

Residential Construction: (New, Addition or Remodel) **Building Permit is required.** Attach site plan and note setback requirements below.

Repair:

- Re-roof: **Building Permit may be required.**
- Replace/modify windows or doors: **Building Permit may be required.**
- Replace siding/gutters/shutters etc.: **Building permit is not required.**
- Basement or foundation wall/drainage: **Building permit is required.**
- Other: Describe: _____

Accessory Structure, Shed or Storage Building: Size: _____ Sq. Footage: _____

Attach diagram showing location of proposed and existing buildings. If over 200 sq. ft. a building permit is required. Note anchoring requirements and setback requirements below.

Flatwork: (Driveway, patio or flat deck) Attach diagram. Raised or multilevel deck requires building permit. For driveway work, Road Commission or MDOT permit may be required. Contact appropriate office.

Pool: Attach site plan showing proposed location and setbacks. If over 500-gallon capacity, a building permit is required.

Fence: Attach site plan showing proposed location and heights.

Pond: (Any size) **Site plan review is required,** contact Zoning Administrator.

Other: Describe _____

Applicant Information			
<i>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</i>			
Name:		Address:	
City:	State:	Zip:	Phone:
<i>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 Zoning Ordinances of Richland Township. All information submitted on this application is accurate to the best of my knowledge.</i>			
<i>I hereby grant Richland Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigations specifically related to this application.</i>			
Signature of Applicant:		Date:	

Project cannot proceed until application is approved by township officer.

Approvals (for office use only)		
Fee Paid:	Receipt #:	Date:
Reviewed by:	Date:	Permit #:
_____ Project complies with zoning requirements and this application is approved.		
_____ Project does not comply with zoning requirements and this application is denied.		
Comments		

Setback Requirements for dwelling unit/main structure

Zoning District	Max. Building Height	Min. Front Setback	Minimum Side Setback	Minimum Rear Setback	Minimum Floor Area
A1-Agricultural	35	40	10	40	1000
A2-AG Disbursed Res.	35	40	10	40	1000
R1-Res Single Family	35	30	10	30	1000
R2-Res Multi-Family	40	25	10	30	varies

Setback Requirements for accessory structure

Zoning District	Max. Building Height	Minimum Front Setback	Minimum Side Setback	Minimum Rear Setback	Maximum Lot Coverage
A1-Agricultural	20	30	8	5	n/a
A2-AG Disbursed Res.	20	30	8	5	n/a
R1-Res Single Family	20	30	8	5	25%
R2-Res Multi-Family	20	30	8	5	50%

All accessory buildings must be at least 10' from primary structure (Michigan Fire Code).