

**RICHLAND TOWNSHIP**

1180 N. Hemlock Road  
Hemlock, MI 48626  
(989) 642-2097  
Fax (989) 642-5882

Bldg. Permit # \_\_\_\_\_

Date \_\_\_\_\_

Parcel # 22-12-2- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Inspector:  
**George Kipfmiller**  
989) 860-5958

**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
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NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township OF: <b>Richland</b>	COUNTY <b>Saginaw</b>	ZIP CODE
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BETWEEN \_\_\_\_\_ AND \_\_\_\_\_

**II. Identification**

**A. Owner or Lessee**

NAME	ADDRESS
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CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
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**B. Architect or Engineer**

NAME	ADDRESS
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CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
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LICENSE NUMBER	EXPIRATION DATE
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**C. Contractor**

NAME	ADDRESS
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CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
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BUILDER'S LICENSE NUMBER	EXPIRATION DATE
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**III. Type of Improvement and Plan Review**

**A. Type of Improvement**

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> 1. NEW BUILDING | <input type="checkbox"/> 2. ALTERATION | <input type="checkbox"/> 3. DEMOLITION        | <input type="checkbox"/> 7.                | <input type="checkbox"/> 9. RELOCATION          |
| <input type="checkbox"/> 10. ADDITION    | <input type="checkbox"/> 4. REPAIR     | <input type="checkbox"/> 6. MOBILE HOME SETUP | <input type="checkbox"/> 8. PREMANUFACTURE | <input type="checkbox"/> 10. SPECIAL INSPECTION |

**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"/> 1. ONE FAMILY                               | <input type="checkbox"/> 3. HOTEL/MOTEL<br>NO. OF UNITS _____ | <input type="checkbox"/> 5. DETACHED GARAGE |
| <input type="checkbox"/> 2. TWO OR MORE FAMILY<br>NO. OF UNITS _____ | <input type="checkbox"/> 4. ATTACHED GARAGE                   | <input type="checkbox"/> 6. OTHER _____     |

**B. Non-Residential**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 7. AMUSEMENT        | <input type="checkbox"/> 11. SERVICE STATION            | <input type="checkbox"/> 15. SCHOOL, LIBRARY, EDUCATIONAL |
| <input type="checkbox"/> 8. CHURCH, RELIGION | <input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL    | <input type="checkbox"/> 16. STORE, MERCANTILE            |
| <input type="checkbox"/> 9. INDUSTRIAL       | <input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> 17. TANKS, TOWERS                |
| <input type="checkbox"/> 10. PARKING GARAGE  | <input type="checkbox"/> 14. PUBLIC UTILITY             | <input type="checkbox"/> 18. 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, 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**

1. MASONRY WALL BEARING     2. WOOD FRAME     3. STRUCTURAL STEEL     4. REINFORCED CONCRETE     5. OTHER \_\_\_\_\_

**B. Principal Type of Heating Fuel**

6. GAS     7. OIL     8. ELECTRICITY     9. COAL     10. OTHER \_\_\_\_\_

**C. Type of Sewage Disposal**

11. PUBLIC OR PRIVATE COMPANY     12. SEPTIC SYSTEM

**D. Type of Water Supply**

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 SUPPRESSION?  YES  NO

**F. Dimensions / Data**

17. NUMBER OF STORES _____	18. USE GROUP _____	19. CONSTRUCTION TYPE _____	20. NO. OF OCCUPANTS _____	21. FLOOR AREA:			
				EXISTING	ALTERATIONS	NEW	
				BASEMENT	_____	_____	_____
				1ST & 2ND FLOOR	_____	_____	_____
				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 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 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.

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 Applicant*

BUILDING PERMIT FEE ENCLOSED  
(The first \$75.00 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**

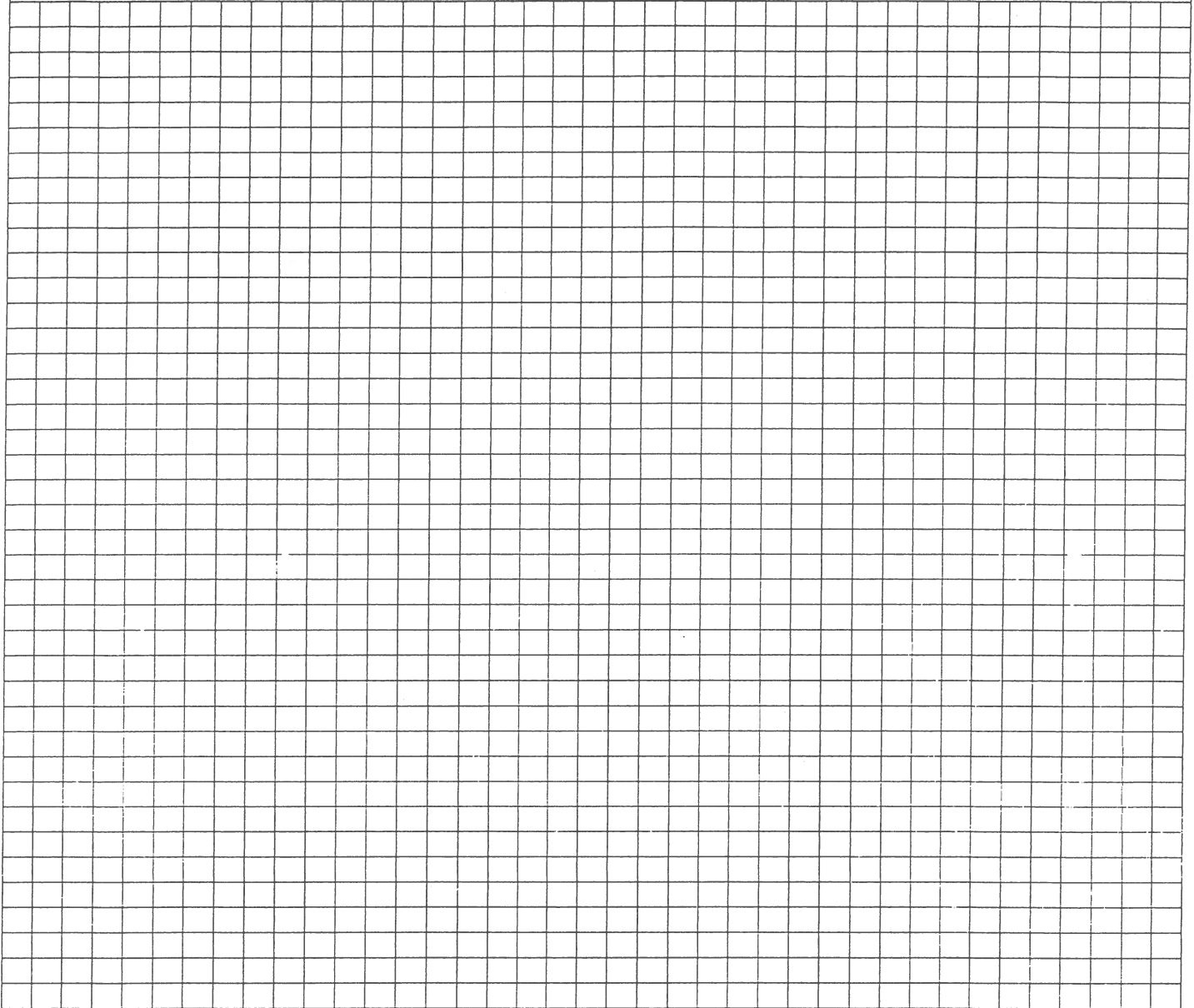
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> 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



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.

SOUTH

The site or 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 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)

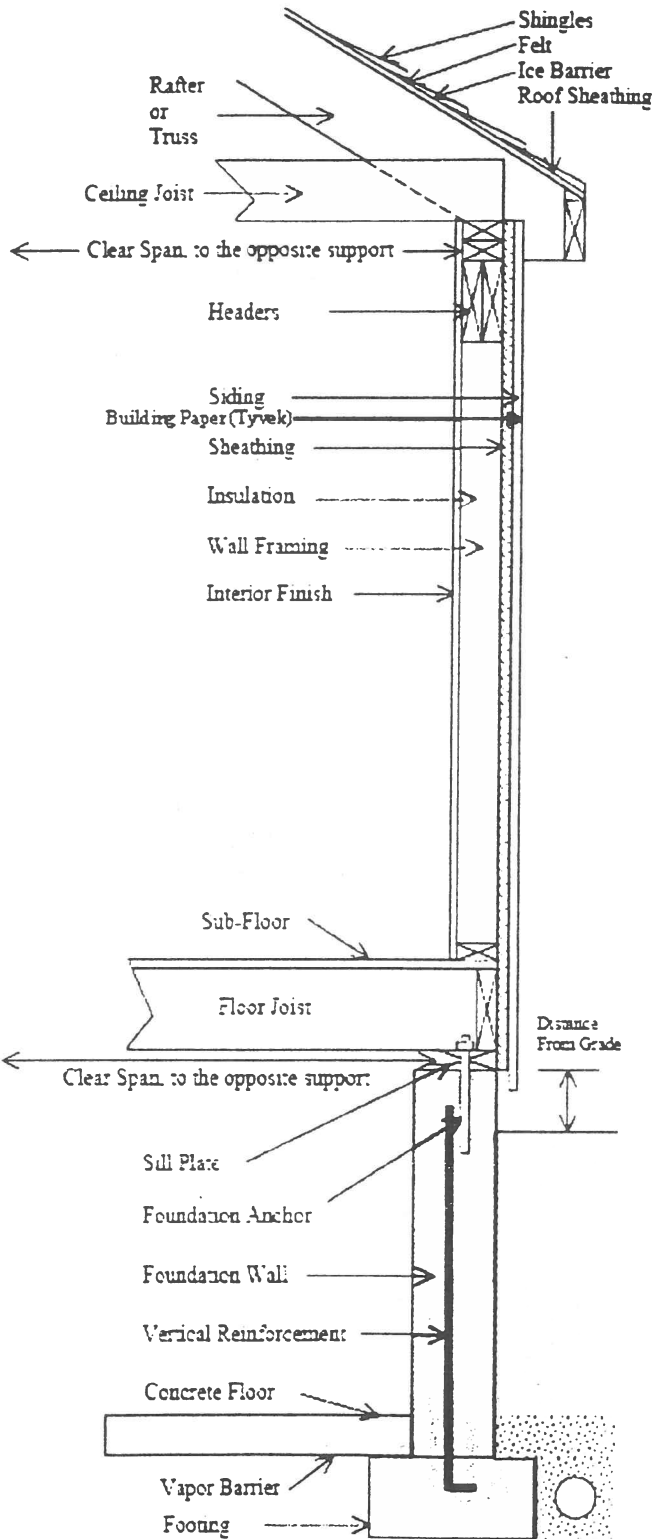
APPENDIX A

**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	Tax ID Number: 22-12-2-	Zoning Dist.*
Owner Name	Contact Address	Phone
Contact Email Address:		
Application Fee:	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 \_\_\_\_\_

<b>Applicant Information</b>			
<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.**

<b>Approvals (for office use only)</b>	
Reviewed by:	Date:
_____	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).