

Building Permit Application Checklist For: **Detached Accessory Structures**

Before a building permit may be issued, all of the following documentation must be submitted or justified as non-applicable (NA).

___ 1. **ZONING REVIEW/LAND USE APPLICATION**

Prior to all Building Permits being issued, Zoning approval is required. (\$50 fee)

___ 2. **PLOT/SITE PLAN**

Must be provided with the Zoning permit application. The site plan shall indicate all pertinent information that is outlined on that form. Areas having local zoning shall submit a copy of the approval from the township or village.

___ 3. **PROPERTY CODE/TAX IDENTIFICATION NUMBER**

This shall be provided for the subject parcel prior to submitting Building application.

___ 4. **HEALTH DEPARTMENT PERMITS and/or PUBLIC UTILITY CONNECTIONS**

Provide copies of the permits for the on-site sewer disposal system and well. Where public water and sewer are available, provide copies of the "tap-in" approval from the sewer authority.

___ 5. **BLUE PRINTS AND/OR DRAWINGS**

Three sets of plans shall be submitted to this department for plan review. Each set of plans must include; floorplan, foundation plan, energy code compliance, typical wall section and exterior elevation drawings. All plans must contain substantial information concerning; dimensions, materials, span requirements, and construction methods used for submitted project.

___ 6. **SOIL EROSION AND SEDIMENTATION**

A determination must be done by the Clinton County Soil Erosion Inspector. If a property needs a Soil Erosion Permit, a Building Permit will not be issued until the Soil Erosion measures are in place. A Soil Erosion permit will be waived by the Soil Erosion Inspector if it is not necessary for the project.

It is the legal responsibility of the applicant to make property available for all required inspections in accordance with the Plan Review. All inspections for Electrical, Mechanical, Plumbing or structural components shall not be concealed until approval has been granted.

The inspectors are available at the following times for any questions or concerns: (989) 224-5181.

Joel Haviland	Building Official/Zoning Admin./Soil Erosion	8 A.M.-5 P.M. Monday - Friday
Dan Hufnagel	Building Inspector/Soil Erosion	8 A.M.-5 P.M. Monday - Friday
Greg Colley	Plumbing/Mechanical Inspector	8 A.M.-9 A.M. Mon. Wed. Fri.
Theron Guild	Electrical Inspector	8 A.M.-9 A.M. Wednesday



LAND USE APPLICATION FORM

Clinton County Zoning Department
 100 E. State St. Suite 1300
 St. Johns, MI 48879
 Phone: 989-224-5181 Fax 989-227-6492

Z	DISTRICT
	“ ”

PROPERTY OWNER _____ **PHONE:** _____

PROJECT ADDRESS street # _____ **ZIP CODE:** _____

TOWNSHIP _____ **PARCEL ID #** _____

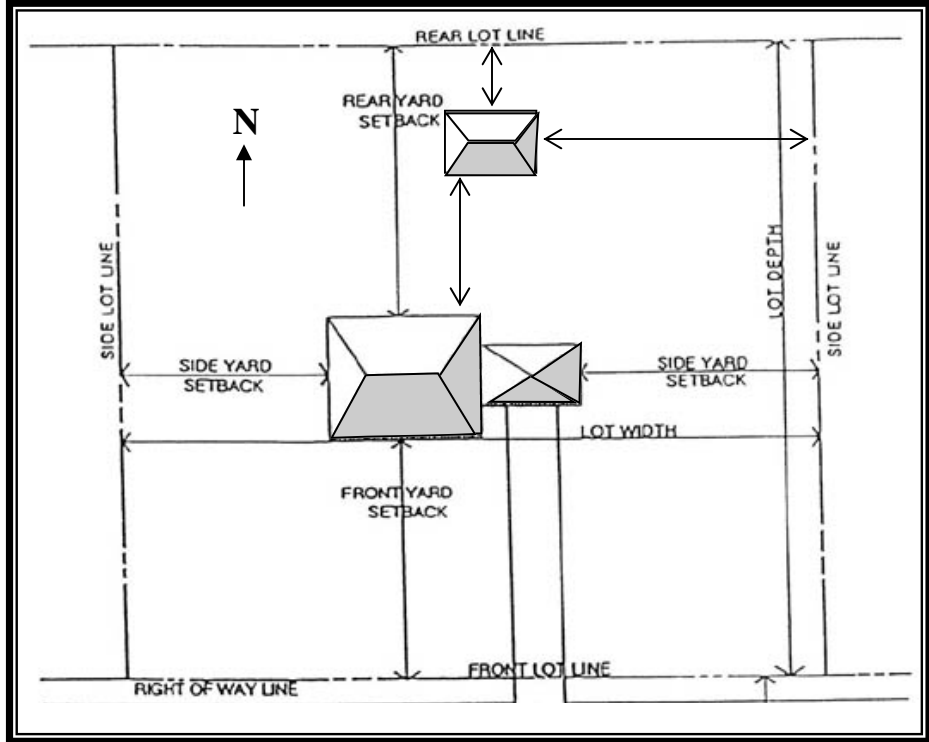
SITE is N S E W, of intersection _____ **SUBDIVISION** _____

DESCRIBE PROPOSED PROJECT: _____

SITE PLAN MUST ACCOMPANY THIS APPLICATION

Site plan must show all of the following:

1. Lot dimensions
2. Adjacent roads public or private
3. Location /size of all buildings new and proposed
4. Front, rear and side yard distances from building to lot lines (front yard is measured from road right of way.)
5. Distance between buildings
6. Driveways, easements new and proposed.
7. Any ponds, waterways or significant landmarks.
8. North Indicator



EXAMPLE SITE PLAN

SITE PLAN MUST ACCOMPANY THIS APPLICATION. IT MAY BE DRAWN ON A SEPARATE SHEET OF PAPER NOT SMALLER THAN 8.5 X 11 INCHES OR MAY BE DRAWN ON THE BACK SIDE OF THIS FORM.

THE OWNER OF THIS BUILDING AND UNDERSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL THE LAWS OF THE STATE OF MICHIGAN AND THE ZONING RESOLUTION OF CLINTON COUNTY, PERTAINING TO BUILDING, AND TO CONSTRUCT THE PROPOSED BUILDING OR STRUCTURE OR MAKE THE PROPOSED CHANGE OR ALTERATION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith, AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION ARE TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT. BY SIGNING THIS DOCUMENT YOU ALSO AGREE TO COOPERATE WITH THE CLINTON COUNTY BUILDING AND ZONING STAFF, AND ALLOW ACCESS TO ALL PROPERTIES AND STRUCTURES MENTIONED ABOVE.

APPLICANT SIGNATURE: _____ **DATE:** _____

MAKE CHECKS PAYABLE TO: CLINTON COUNTY BUILDING DEPARTMENT

DO NOT WRITE BELOW THIS LINE (OFFICE USE)

BZA RES. NO. _____ DATE: _____		AMENDMENT: CASE NO. & NAME: _____	
COURT CASE NO. _____ DATE: _____		Compliance plan approval date: _____	
APPROVED	DENIED	REASON FOR DENIAL	ZONING FEE: \$50



CLINTON COUNTY BUILDING DEPARTMENT

Clinton County Courthouse
100 E. State St. Suite 1300, St. Johns, MI 48879
Phone: 989-224-5181/Fax: 989-227-6492



RESIDENTIAL BUILDING PERMIT APPLICATION

LOCATION AND DESCRIPTION OF LOT:

Owner of Record _____ Phone No. _____

Job Address _____ Subdivision _____

Parcel I.D. No. _____ Township & Sec. No. _____

Frontage _____ Average Depth _____ Total Land Area _____

DESCRIPTION OF PROPOSED WORK:

New Residential Home/Addition/Decks

First floor sq. ft.	2nd floor sq. ft.	Finished bsmnt sq. ft.	Unfinished bsmnt sq. ft.	Attached Garage sq.ft.	Deck sq. ft.
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Detached Accessory Building

Width	Length	Height	Total sq. ft.	Sq. ft. heated space	Sq. ft. unheated
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Building Details (answer all that apply)

No. of full baths	No. of half baths	No. of fireplaces	No. of chimneys	No. of wood burners	Ceiling height
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This application must include: 1) site plan, 2) floor plan, 3) foundation plan, 4) cross section

GENERAL CONTRACTOR/ HOMEOWNER (responsible party)

Name _____ Telephone No. _____

Address _____ License Number _____

Expiration Date _____ / _____ / _____

Federal Employer I.D. Number or Reason for Exemption _____

Workers Comp. Insurance Carrier or Reason for Exemption _____

MESC Employer Number or Reason for Exemption _____

PERMITS REQUIRED FOR THIS PROJECT:

Electrical

Plumbing

Mechanical

Section 23a of the State Construction Code Act of 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.

APPLICANTS SIGNATURE: _____ **Date:** _____

Reviewed/ Approved by:

Permit fee as established by resolution of
Clinton County Board of Commissioners

Permit fee: