



RESIDENTIAL POOL CHECKLIST:

Review will not begin until all of the requirements have been supplied; please expect 7-10 business days (minimum) for review.

Each category below must have at least one checkmark and the packet must include the required documents to accept the application packet for review. You may submit this application packet via e-mail or in person.

Zoning

- Zoning Permit Application
 - Application has attached one plot plan.
 - Plot plan shows fence location and setbacks.
- Local Jurisdiction Approval and Plot Plan **Please attach the approved documents.*

Address

- Existing Address: _____
- Copy of Deed (*If recently purchased.*) **Please attach the document.*

Residential Building Application → *Does NOT include Electrical, Mechanical, or Plumbing*

- Application is filled out completely and attached to this packet.
 - Application has attached one set of plans.

Residential Soil Erosion and Sedimentation Control Application

- Structure is above-ground and does not require this application.
- Structure is in-ground; application is filled out completely and attached to this packet.
 - Application has attached one set of SESC plans.

Building permit fees are determined by a valuation based on Building Valuation Data compiled by I.C.C. Building Standards once the application packet has been approved and is in the system following review.



PAYMENT:
 Permit Fee: \$ 75
 Check #: _____
 Cash
 Credit/Debit Card (+ 3%)

ZONING (LAND USE) APPLICATION

Location Information:

Site Address: _____ City: _____ Zip Code: _____

Parcel ID: _____ Township: _____

Landowner: _____

Email: _____ Phone: _____

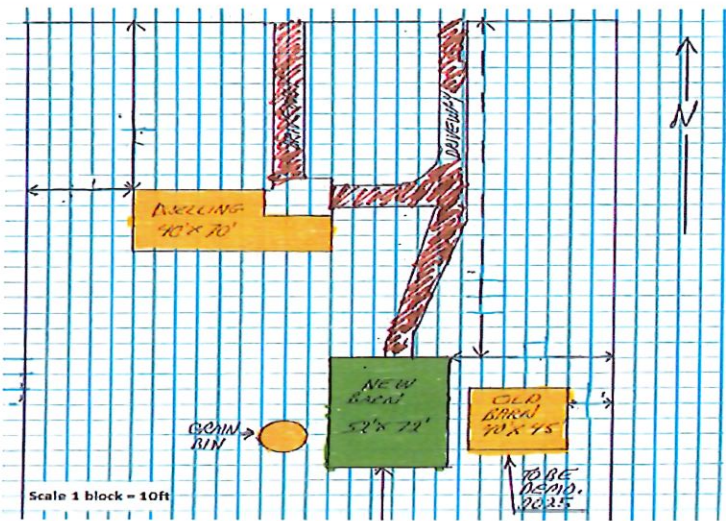
Project Description: _____

Lot Size: _____ acres Structure Width: _____ ft. Structure Length: _____ ft. Wall Height: _____ ft.

Plot Plan: ONE COPY – example below. Refer to Clinton County Zoning Ordinance for setback requirements.

Plot Plan Checklist (must include all items):

- Adjacent Roads
- All setbacks
- Location & size of all existing buildings & proposed building(s)
- North Indicator
- Waterbodies/other significant landmarks



Minimum Setback Ordinance Key:

Principal Structure: Section 3.1
Detached Accessory Structure: Section 4.1

Applicant Agreement:

IMPORTANT: I (the undersigned) certify that the information provided on this application and plot plan is accurate. I will cooperate with the Planning and Zoning Staff, including allowing access to all properties and structures herein.

Applicant Signature: _____ Date: _____
(Print Name) _____

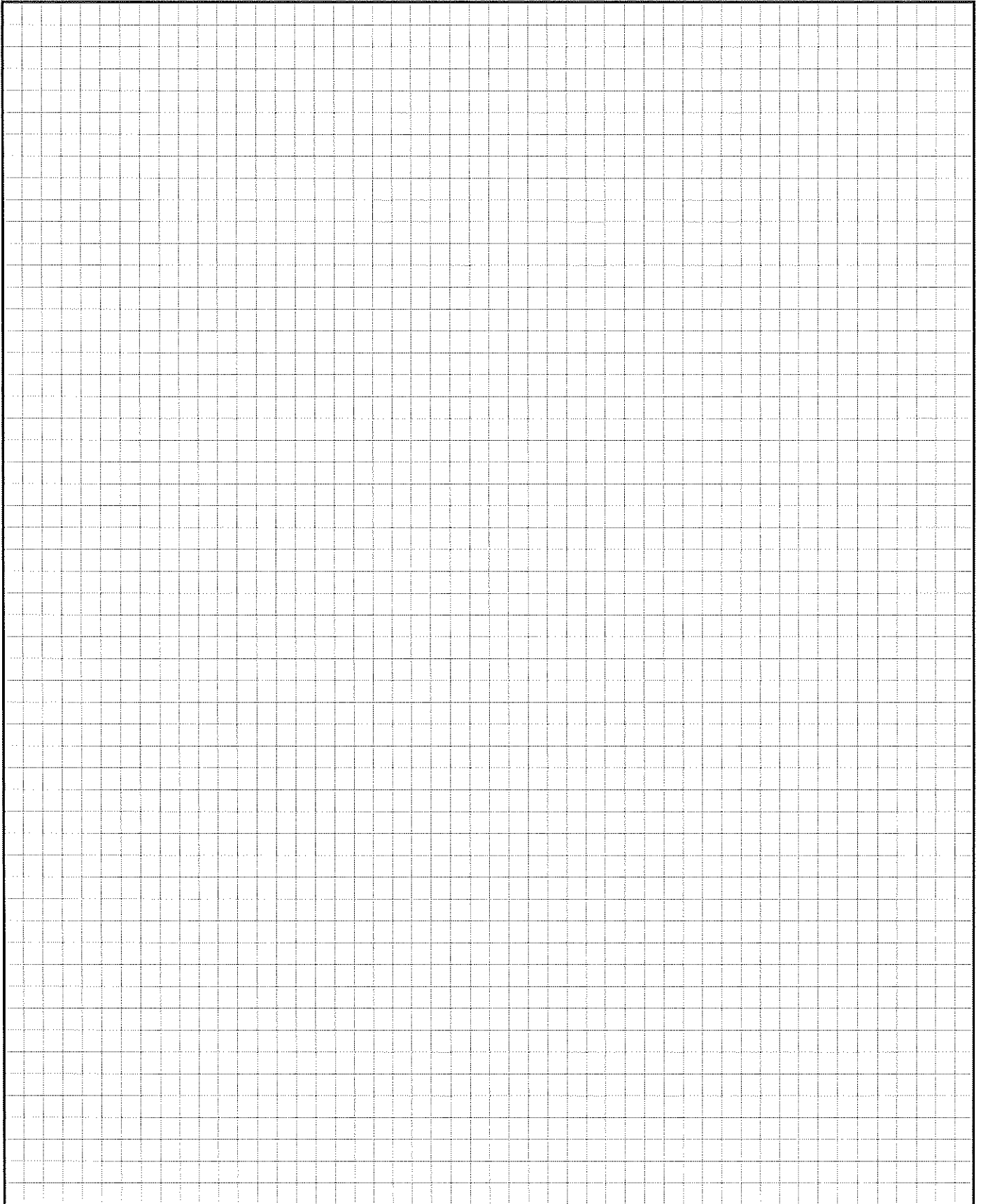
OFFICE REVIEW:

By: _____ Date: _____ Approved Denied

Stipulations / Reasoning: _____

PLEASE EMAIL ALL APPLICATIONS AND PLANS TO THE PLANNING AND ZONING DEPARTMENT.

Clinton County Planning and Zoning Department
100 East State Street, Suite 1300
St. Johns, Michigan 48879
(989) 224-6591 • planningandzoning@clinton-county.org





OFFICE REVIEW:

Approved Denied

By: _____

Date: _____

Permit Fee: \$ _____

RESIDENTIAL BUILDING PERMIT APPLICATION

Location Information:

Site Address: _____ City: _____ Zip Code: _____

Parcel ID: _____ Township: _____

Landowner: _____

Email: _____ Phone: _____

Project Type: Check & fill all that apply.

Project Valuation: \$ _____

<input type="checkbox"/> New Home	1 st Floor: _____ sq.ft.	2 nd Floor: _____ sq.ft.	Finished Bsmt: _____ sq.ft.	Unfinished Bsmt/Crawlsp: _____ sq.ft.
<input type="checkbox"/> Addition	1 st Floor: _____ sq.ft.	2 nd Floor: _____ sq.ft.	Finished Bsmt: _____ sq.ft.	Unfinished Bsmt/Crawlsp: _____ sq.ft.
<input type="checkbox"/> Deck <input type="checkbox"/> Porch	Total Area: _____ sq.ft.			
<input type="checkbox"/> Attached Garage	Total Area: _____ sq.ft.			
<input type="checkbox"/> Renovation	Total Area: _____ sq.ft.		Work Description: _____	
<input type="checkbox"/> Detached Accessory Building	Width: _____ ft.	Length: _____ ft.	Height: _____ ft.	Total Area: _____ sq.ft.
<input type="checkbox"/> Solar: <input type="checkbox"/> Roof <input type="checkbox"/> Ground	Width: _____ ft.	Length: _____ ft.	Height: _____ ft.	Total Area: _____ sq.ft.
<input type="checkbox"/> Other: _____				Total Area: _____ sq.ft.

Building Plan: ONE COPY – Please see plan requirements as described on the associated project checklist.

Applicant Information:

Landowner *info. above General Contractor Business Name: _____

Mail Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Licensee Name: _____ License Number: _____ Expiration Date: _____

Federal ID Number: _____ MESC Employer Number (or reason for exemption): _____

Worker's Comp. Insurance Carrier (or reason for exemption): _____

IMPORTANT: "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."

Applicant Signature: _____ **Date:** _____

(Print Name) _____

PLEASE EMAIL ALL APPLICATIONS AND PLANS TO THE BUILDING DEPARTMENT.

Clinton County Community Development Department
100 East State Street, Suite 1300
St. Johns, Michigan 48879
(989) 224-5180 • buildingdept@clinton-county.org



**Clinton County Building Department
Soil Erosion and Sedimentation Control (SESC) Division**

100 E. State St., Suite 1300 St. Johns, Michigan 48879

SESC Phone: (989) 224-5111

E-mailed applications can be sent to: permits@clinton-county.org

RESIDENTIAL SESC PERMIT APPLICATION

PAYMENT:

Permit Fee: \$ _____

Check #: _____

Cash

Credit/DebitCard (+3%)

Please fill out **ALL** sections on this permit application: **INCOMPLETE** applications **WILL NOT** be accepted

In accordance with Part 91 of Act 451, as amended and its corresponding General Rules, and the Clinton County SESC Ordinance, the undersigned herewith makes application for a RESIDENTIAL Soil Erosion & Sedimentation Control (SESC) Permit for the following:

Project Location

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parcel ID: _____ Township: _____

Subdivision: _____ Lot Number: _____

Nearest Crossroads: _____ & _____

Landowner (Permittee): (Include Deed if property purchased within last 3 months; or as requested by CCBD).

Landowner Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Designated Agent:

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

*Primary On-Site Contact Name: _____

***(Responsible for installing/maintaining SESC Measures).**

Email: _____ Phone: _____

Project Description:

Check the proposed construction below: *(Permit Duration: 12 months; must extend or renew until site stabilized & permit closed by dept.)*

New Home - \$300 Addition - \$180 Accessory Building - \$90 Pond - \$90 In-Ground Pool - \$90

Pole Barn - \$90 Attached Garage - \$90 Detached Garage - \$90 Seawall - \$90 Other: _____

Area of Proposed Improvement (*building footprint*): _____ sq. ft. Total Excavated Area: _____ sq. ft.

Date of Construction Commencement: (M/Yr) _____ Date of Final Stabilization: (M/Yr) _____

Proposed Final Stabilization Method: Sod Seed / Mulch Hydro-seed Other (*specify*): _____

Soil Type(s): _____

Provide information from the Health Department Perc Test or USDA Soil Survey, if available. If not, list known soil types.

Provide the distance to any body of water or drain: _____

Check all site features that apply: Lake Pond Wetland/Swamp Municipal Drain County Drain

Does this project include any work within, or disruption of, a 100-year floodplain or wetland? Yes No

If YES, please contact the Department of Environment, Great Lakes, and Energy (EGLE) for permitting.

General Conditions & Responsibilities:

- Issuance of the SESC Permit does not waive the necessity of obtaining other federal, state, & local permits.
- This application serves as written consent for the Clinton County Building Department to enter onto the site at any time for the purpose of SESC inspections.
- The permittee (landowner) is responsible for maintaining the validity of the permit and/or bond throughout the duration of construction & final stabilization of the site.
- A SESC Permit Transfer application must be completed and proof of ownership must be provided at the time of ownership transfer.
- When a property with a permit under this part is sold or transferred, the permit—including all obligations, conditions, and any existing violations—automatically transfers to the new owner. It is the new owner's responsibility to ensure the permit obligations are met.
- All disturbed areas must be seeded/sodded no more than 5 days after final grade is established.
- Temporary SESC measures **MUST** remain as proposed on the approved site plan until permanent stabilization measures are in place & a Certificate of Completion is received by the CCBD.
- At minimum a monthly site inspection will be completed; inspection results will be sent via e-mail. It is the permit holder's responsibility to update department of E-mail changes (Violations & fees any fees accrued will not be waived due to not having current updated information on file with CCBD).
- Request final inspection within one week of final stabilization or (renew permit) one week prior to the permit expiration date. Final inspections can be requested when the site is stabilized with vegetation: Inspection line #989-224-5183
- YELLOW LAMINATED PERMIT issued by Clinton County Building Dept. **MUST** be posted and visible from the road throughout the duration of the permit being open until a Certificate of Completion is received by the CCBD.

Statement of Understanding & Agreement:

IMPORTANT: My (our) signatures below certify that the information provided on this application is accurate; that I (we) have read, understand, & will comply with the "General Conditions & Responsibilities" (outlined above); the requirements of Part 91 & its corresponding rules; the Clinton County SESC Ordinance & stipulations resulting from this plan review; & applicable local ordinances.

Landowner Signature: _____ Date: _____

The Landowner's signature can only be omitted by submittal of a Letter of Authorization.

Designated Agent Signature: _____ Date: _____

OFFICE REVIEW:

Stipulations:

Additional Stipulations / Comments:

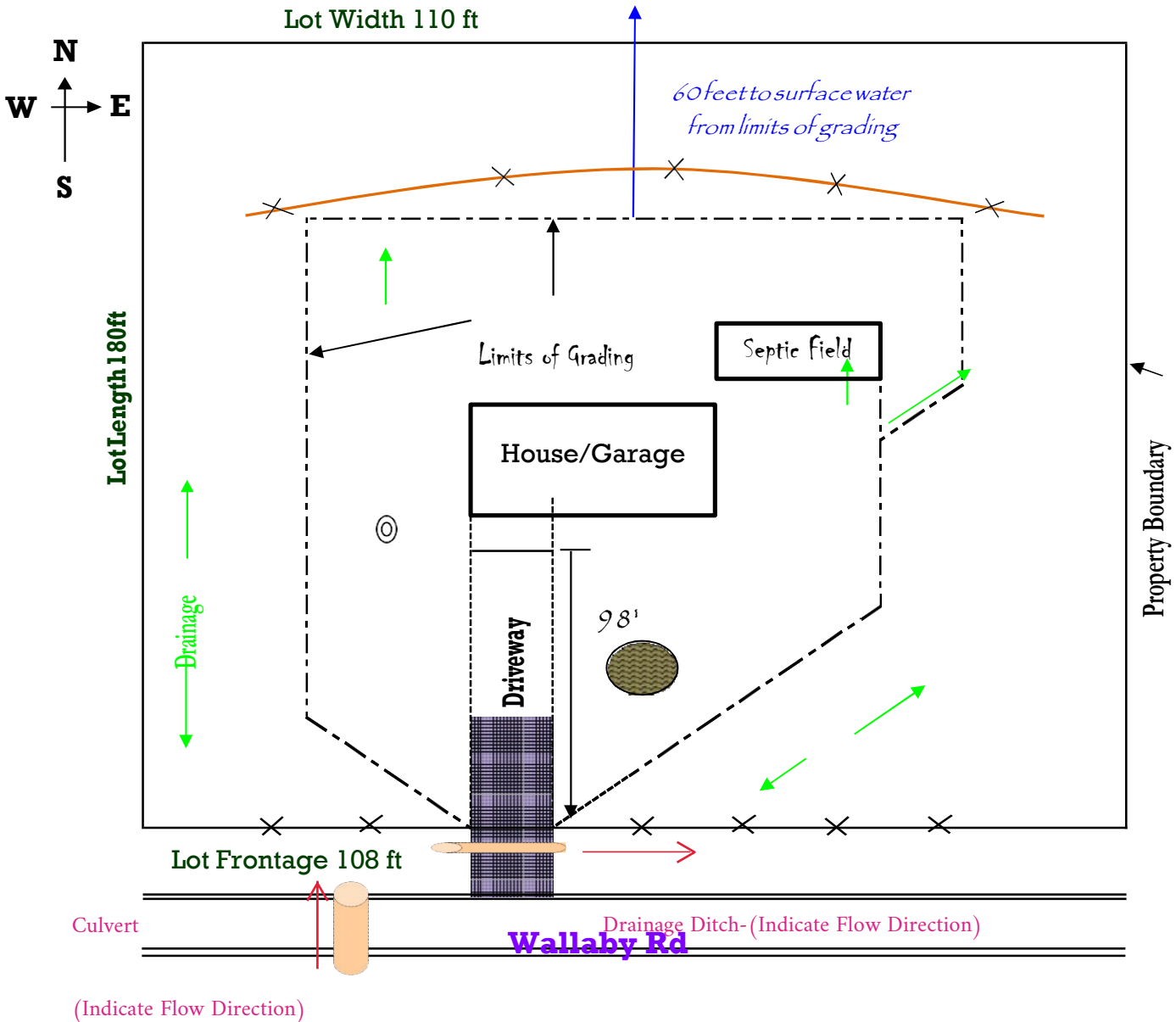
- Install temporary measures prior to excavation. _____
- Clean / sweep streets daily. _____
- Protect catch basins as needed. _____
- Install seed & mulch within 5 days of final grade. _____
- Approved** (Project requires permit / does not qualify for Exemption / Waiver).
- Exempt** (Earth change is either not one (1) or more acres or within 500 feet of a lake, stream, regulated wetland under Part 303 of Act 451, Public Acts of 1994 or not within 100 feet of a County or Municipal Drain).
- Special Waiver:** _____

Application Reviewed By: _____ Date: _____

SAMPLE SITE PLAN

Surface Water = lake, pond, stream, wetland, river, county drain, storm drainage, detention basin, etc.

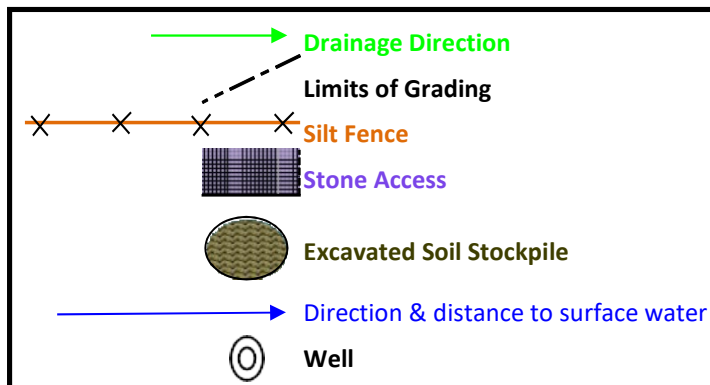
****This is a hypothetical drawing for explanation purposes.**



INFORMATION YOU SHOULD SHOW ON YOUR SITE PLAN - Please LABEL all markings

SYMBOL LEGEND

- 1 Proposed drainage patterns
- 2 Limits of Grading or disturbed area
- 3 Silt Fence
- 4 Tracking Mat
- 5 Excavated Soil Stockpile
- 6 Location of surface water & distance from disturbed area.
- 7 Well/Septic/Drain field

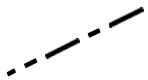


SESC SITE PLAN

(or attach a separate sheet)



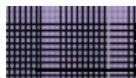
DRAINAGE DIRECTION



LIMITS OF GRADING



SILT FENCE



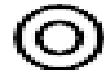
STONE ACCESS



EXCAVATED SOIL STOCKPILE



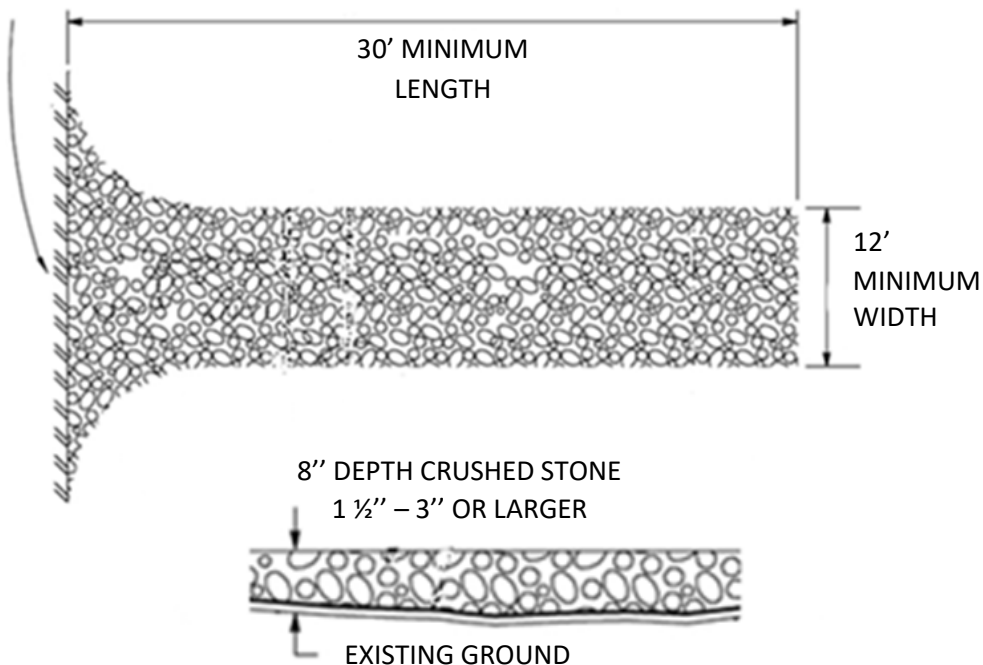
**DIRECTION & DISTANCE TO
SURFACE WATER**



WELL

STONE ACCESS DRIVE

EXISTING PAVED ROADWAY



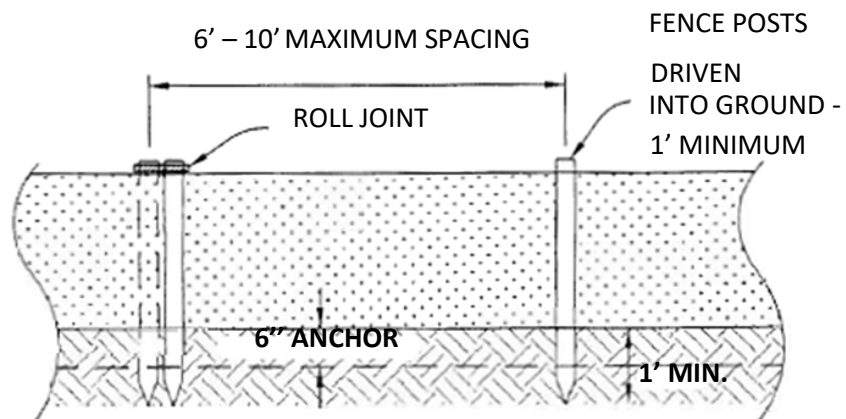
INFORMATIVE NOTES:

- Install the stone access drive prior to construction activities.
- Prevent material movement into adjacent wetlands/waterbodies.
- Maintain existing roadside drainage via culvert installation with a sediment sump placed down-flow of culvert.

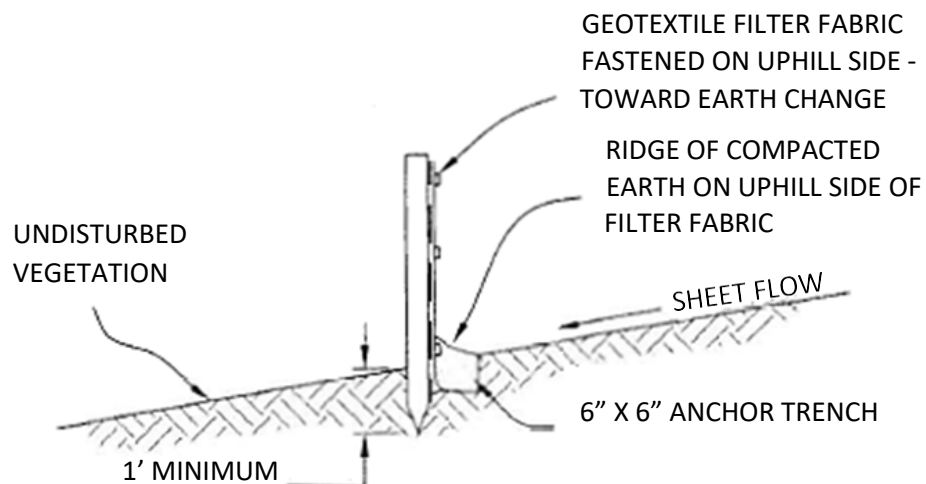
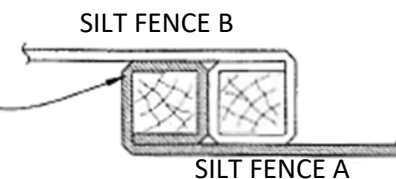
SITE PLAN REQUIREMENTS:

- Northern direction.
- Surface water and its distance from the project.
- Land features and existing vegetation.
- Contour and slope descriptions.
- Limits of grading.
- Existing and proposed drainage patterns.
- Drainage facilities/structures (i.e. storm inlets / culverts / catchbasins / ditches).
- Silt fence, stone access drive, tracking mats, etc.

SILT FENCE



ROLL JOINT:
FABRIC TO BE
WRAPPED
AROUND
FENCE POST





Clinton County Building Department Soil Erosion and Sedimentation Control (SESC) Division

TIMING and SEQUENCING OF EVENTS & SITE PLAN ARE **REQUIRED** FOR ALL SESC APPLICATIONS.
ONLY FILL LINES REQUIRED FOR THE PROJECT

Year	Month – 01 (Jan), 02 (Feb) etc...											
Construction Sequence	01	02	03	04	05	06	07	08	09	10	11	12
Temporary SESC Measures												
Rough Grading/Strip/Stockpile												
Building Construction												
Road or Driveway Install/Utilities												
Final Grade												
Permanent SESC Measures												
Building Demolition												
Landscaping												

Year	Month – 01 (Jan), 02 (Feb) etc...											
Construction Sequence	01	02	03	04	05	06	07	08	09	10	11	12
Temporary SESC Measures												
Rough Grading/Strip/Stockpile												
Building Construction												
Road or Driveway Install/ Utilities												
Final Grade												
Permanent SESC Measures												
Building Demolition												
Landscaping												

The Example Below shows the Build Project begins in August and ends in June the following year.

Year – CURRENT YEAR	Month – 01 (Jan), 02 (Feb) etc...											
Construction Sequence	01	02	03	04	05	06	07	08	09	10	11	12
Temporary SESC Measures – All months soil erosion control will be required								X	X	X	X	X
Rough Grading/Strip/Stockpile – Month(s) of initial grading work								X	X			
Building Construction – Expected Actual Building Construction										X	X	X
Road or Driveway Install/ Utilities – Month(s) of expected Drive/Utility Installation								X				
Final Grade												
Permanent SESC Measures												
Building Demolition												
Landscaping												
Year – NEXT YEAR	Month – 01 (Jan), 02 (Feb) etc...											
Construction Sequence	01	02	03	04	05	06	07	08	09	10	11	12
Temporary SESC Measures	X	X	X	X	X	X						
Rough Grading/Strip/Stockpile												
Building Construction	X	X	X	X	X							
Road or Driveway Install/ Utilities												
Final Grade – Month(s) of expected Final Grade				X	X							
Permanent SESC Measures – Expected date of Permanent SESC Measures (ie: Grass etc..)					X	X	X	X	X			
Building Demolition – N/A if not applicable or month demo will happen	NA											
Landscaping – Expected time frame for final landscaping					X	X						



CLINTON COUNTY BUILDING DEPARTMENT Soil Erosion and Sedimentation Control (SESC) Division

100 East State Street, Suite 1300 St. Johns, Michigan 48879

Phone: (989) 224-5111

Part 91, Soil Erosion and Sedimentation Control Plan



Minimum Requirements Checklist

Project: _____

Rule 1703 Requirement	Included in Plan?*	Comments
Map with scale: 1" = 200' or less, or indication of exact distances between noted features on site plan, including site location sketch	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Legal description of property (town, range, section, quarter-quarter section)	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Proximity of any proposed earth change to lakes and/or streams	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Predominant land features	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Slope description or contour intervals	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Soils survey or written description of the soil types of the proposed exposed land area	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Description and location of the physical limits of each proposed earth change	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Description and location of all existing and proposed on-site drainage and dewatering facilities	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Timing and sequence of each proposed earth change	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Location and description for installing and removing all temporary SESC measures	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Description and location of all proposed permanent SESC measures	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Maintenance program for all permanent SESC measures and designation of person responsible for maintenance	Yes No <input type="checkbox"/> <input type="checkbox"/>	

***If no is checked above, the plan must be revised to include the missing element prior to submittal/approval.**