



Williamstown Township

4990 Zimmer Rd., Williamston, MI 48895

WilliamstownTownship.com

P. (517)655-3193 | F: (517)655-3971

IN ORDER TO OBTAIN A BUILDING PERMIT FOR: **ADDITION TO PRINCIPAL BUILDING, REMODEL OF PRINCIPAL BUILDING, PORCHES OR DECKS**, THE FOLLOWING DOCUMENTS ARE REQUIRED:

- COMPLETED BUILDING PERMIT APPLICATION
- PROOF OF OWNERSHIP
- COPY OF CURRENT BUILDERS LICENSE (or have one on file at Township Office)
- SIGNED INSURANCE ADDENDUM (commercial buildings are exempt)
- TWO SETS OF BLUEPRINTS (In addition: if structure is OVER 3500 SQ FT, blueprints must be sealed by an architect licensed in the State of Michigan)
- A COMPLETE PLOT PLAN THAT MUST INCLUDE THE FOLLOWING:
 - Location of proposed Addition with distance from proposed Addition to FRONT, BACK and BOTH SIDE property lines
 - Location of all existing structures on the site and their distance from the proposed Addition
 - Location of all bodies of water (creeks, ponds, wetlands, etc) on the site and their distance from proposed Addition
 - Location of all underground or overhead utilities, well and septic drain field
 - Directional North
 - Road location
 - **Site plan may be hand-drawn, but MUST be representative of actual site, and to scale.**
- SOIL EROSION PERMIT OR WAIVER - REQUIRED/ISSUED BY THE INGHAM COUNTY DRAIN COMMISSION (*PROJECTS THAT INVOLVE GRADING OF SOIL*) - (676-8395)
(The soil erosion act requires a permit for any project with a disturbance of greater than one acre and within 500 feet of an inland lake or stream. Any project that disturbs less than one acre and is greater than 500 feet from an inland lake or stream does not require a permit but will still be issued a waiver. Projects that are less than 225 square feet of disturbance and will not contribute sediment to the Waters of the state are issued a waiver but also require a signed affidavit from the landowner.)
- HEALTH PERMIT (WELL AND SEPTIC) – REQUIRED/ISSUED BY THE INGHAM COUNTY HEALTH DEPT (*PROJECTS INCLUDING A BATHROOM*) - (887-4312)
- APPLICATION FEE

IMPORTANT NOTE: PLEASE MAKE SURE YOUR APPLICATION, PLOT PLAN, AND BLUEPRINTS ARE AS COMPLETE AS POSSIBLE TO ENSURE THAT THE PERMITTING PROCESS IS NOT DELAYED. A \$50 FEE WILL BE LEVIED IF THE INSPECTOR NEEDS TO PERFORM A SECOND PLAN REVIEW.

****REMINDER* Permit must be ISSUED before work begins. Submittal of an application does not allow you to start the project. Fines may be issued for non-compliance.***

24- HOUR NOTICE REQUIRED FOR ALL INSPECTIONS 517 521-492

BUILDING PERMIT APPLICATION

TOWNSHIP OF WILLIAMSTOWN PLEASE PRINT

B,P. No. _____
Final Date _____

Date _____

PHONE (517) 655-3193 | FAX (517)655-3971

Application for: New Construction Remodel Addition Accessory Demolition Reroof
 Deck Pool Sign Grading Other

Describe Work:			
Street Address		City	Post Office
Lot No.	Subdivision	Email	
Owner	Mailing Address	ZIP	Phone
Contractor	Mailing Address	ZIP	Phone License No.
Architect or Designer	Mailing Address	ZIP	Phone Registration No.
Engineer	Mailing Address	ZIP	Phone Registration N
Size of Structure or Addition	Valuation of Work \$	Permit Fee	

NOTICE

This permit becomes null and void if work or construction is not commenced within 6 months, or if work or construction is suspended or abandoned for a period of 6 months at any time after work is commenced. A true copy of the plans of said building are attached. It is understood that 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 regulation construction or the performance of construction.

I understand the this is an application for permit and does not guarantee approval or issuance of said permit.

Signature Date

FOR TOWNSHIP USE ONLY

Water & Sewer <input type="checkbox"/> Private <input type="checkbox"/> Pubic Water Permit No. _____ Sewer Permit No. _____ Sewer Final Inspection _____ Soil Erosion Permit No. _____ Driveway Permit No. _____	Zoning District _____ Occupancy Group _____ Sidwell No. _____ Building Site Plan _____ Approved by _____ Date _____
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Permit to be sent to: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor # _____ Application Accepted By: _____ Date _____ Fee Received: _____ Date _____ By _____ Receipt No. _____	<input type="checkbox"/> Flood Plain <input type="checkbox"/> Conforming <input type="checkbox"/> Wetlands <input type="checkbox"/> Nonconforming If Nonconforming Assessed Value of Structure: _____
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_____ (Building Official) <input type="checkbox"/> Approved <input type="checkbox"/> Denied Building Permit No. _____ Date of Issue _____	Proposed Construction or Use <input type="checkbox"/> Conforming <input type="checkbox"/> Nonconforming If Nonconforming Variance <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____
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SPECIAL CONDITIONS: _____ _____ _____ _____	Special Use Permit <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____ Site Plan <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Date _____ NOTE: ALL CONSTRUCTION SHALL COMPLY WITH THE PROVISIONS OF THE MICHIGAN RESIDENTIAL CODE OF _____ (Year)
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INSURANCE ADDENDUM TO BUILDING PERMIT APPLICATIONS

(To be filed by Residential Builders or Licensed Applicant)

1. License
Number _____

Expiration
Date _____

2. Insurance Carrier(s) providing worker's disability compensation insurance to
applicant _____

Or reason for exemption _____

3. IRS Employer Identification Number _____

Or reason for exemption _____

4. MESC Employer Number _____

Or reason for exemption _____

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.

Printed name of Applicant _____

Signature of Applicant _____

Date of
Application _____

(Form for compliance with Public Act 135 of 1989 - 11-2-89)

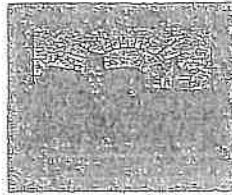
Patrick E. Lindemann

Ingham County Drain Commissioner

PO Box 220
707 Buhl Avenue
Mason, MI 48854-0220

Phone: (517) 676-8395

Fax: (517) 676-8364



Carla Florence Cioa
Deputy Drain Commissioner
Cecelia Kramer
Deputy Drain Commissioner
Paul C. Pratt
Deputy Drain Commissioner
David C. Love
Chief of Engineering and Inspection
Sheldon Lewis
Administrative Assistant

SOIL EROSION PERMIT WAIVER

PERMIT #

Date _____ Waiver# _____

Applicant _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax # _____

Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Project Address _____

Type Of Change _____ Township _____

Property Tax ID # _____ Section _____

Drain Number _____ Drainage District _____

Dear Applicant:

This is to advise you that from the information provided, and pursuant to Part 91, Soil Erosion and Sedimentation Control of the Natural Resources and Environmental Protection Act 451, of the Public Acts of 1994, as amended, being sections 324.9101 to 324.9123 of the Michigan Compiled Laws (previously known as P. A. 347 of 1972), a Soil Erosion and Sedimentation Pollution Control Permit is not required.

This office has determined that the activity as proposed qualifies for an exemption or waiver because either the activity is more than 500 feet from a regulated water body and the amount of earth change is less than an acre or the activity does not require a permit under Rule 1705 (R323.1705). This waiver does not exempt any party from acquiring any other applicable permits through federal, state, county, or local agencies. Review of proposed drainage and grading plans has not been performed for this project and this office accepts no responsibility for any and all damages incurred by improper earthwork.*

If the scope of your activity changes or is different from what is described, or if information is contrary to that submitted to this office, a permit may be required. As the County Enforcing Agent, we have the authority to stop any activity not in compliance with Part 91, of Act 451, as amended.

I, the undersigned affirm that the project referenced above will be completed as described to the Enforcing Agency on this date, and* I understand that if the runoff is increased by this project I may be liable to civil sanctions.

Applicant's Signature: _____ Date _____

Reviewed and approved by: _____ Date _____

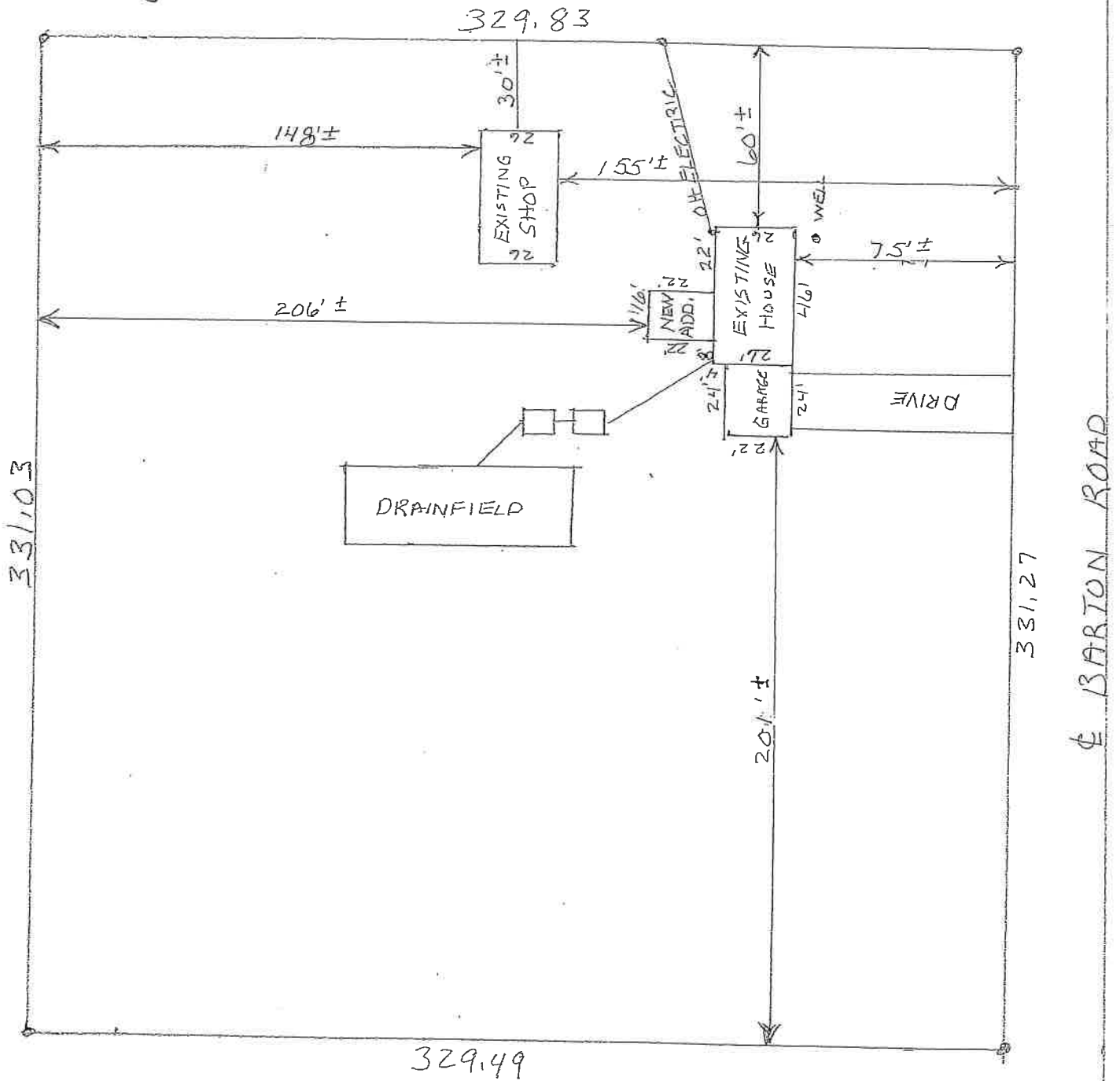
YOU MUST POST A COPY OF THIS FORM AT THE PROJECT SITE

8/19/04

SITE PLAN EXAMPLE



- all set backs
- accurate lot dimensions
- underground or over head utilities
- legible



BUILDING PERMIT EXPIRATION

The BUILDING PERMIT will be valid for 180 days from the ISSUE DATE.

Upon request, the permit can be extended for an additional 180 days, provided an inspection has been done by the Township Building Inspector within the original 180 days.

If an inspection has not been done by the Township Building Inspector within the original 180 days, an extension is not guaranteed, but will be considered upon request & discussion with the Building Inspector.

If the permit is extended, work may continue. If the permit is not extended, it is considered EXPIRED and work cannot continue until a new permit is applied for and issued.

The NEW PERMIT FEE will be adjusted to reflect the value of the work remaining to complete original project.

An inspection MUST be done within the 180 day extension, or the permit will be CANCELLED.

If the APPLICANT wishes to CANCEL the permit, a written request must be made to the Township office. Only upon receipt of this request will a refund of the remaining building permit fee be given.

*NOTE: Many Homeowner Insurance Companies require proper inspections (building, electrical, etc.) to insure your home and to process your claims. It is to your benefit to have all inspections made.

Building Inspector
Williamstown Township
655-3193