



~ Serving Our Neighbors ~

## Williamstown Township

4990 Zimmer Rd., Williamston, MI 48895

WilliamstownTownship.com

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

IN ORDER TO OBTAIN A **SETBACK** PERMIT FOR A **STRUCTURE LESS THAN 200 SQUARE FT.**, THE FOLLOWING DOCUMENTS ARE REQUIRED:

- COMPLETED BUILDING PERMIT APPLICATION
- PROOF OF OWNERSHIP
- SIGNED INSURANCE ADDENDUM (commercial buildings are exempt)
- A **COMPLETE SITE PLAN** THAT INCLUDES THE FOLLOWING:
  - Location of proposed Building/Addition with distance from proposed Building/Addition to **FRONT, BACK** and **BOTH SIDE** property lines
  - Location of all existing structures on the site and their distance from the proposed Building/Addition
  - **TOTAL SQUARE FOOTAGE OF ALL EXISTING ACCESSORY BUILDINGS** (including detached garages)
  - Location of all bodies of water (creeks, ponds, wetlands, etc.) on the site and their distance from proposed Building/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.)
- APPLICATION FEE

***IMPORTANT NOTE: PLEASE MAKE SURE THAT 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 517 521-4929**

**BUILDING PERMIT APPLICATION**  
**TOWNSHIP OF WILLIAMSTOWN PLEASE PRINT**  
 PHONE (517) 655-3193 | FAX (517)655-3971

B,P. No. \_\_\_\_\_  
 Final Date \_\_\_\_\_

Date \_\_\_\_\_

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. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. License Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_
4. Insurance Company providing Commercial Comprehensive General Liability insurance for applicant \_\_\_\_\_
5. Workers Compensation Insurance Carrier \_\_\_\_\_  
Or reason for exemption \_\_\_\_\_
6. IRS Employer Identification Number \_\_\_\_\_  
Or reason for exemption \_\_\_\_\_
7. 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 \_\_\_\_\_

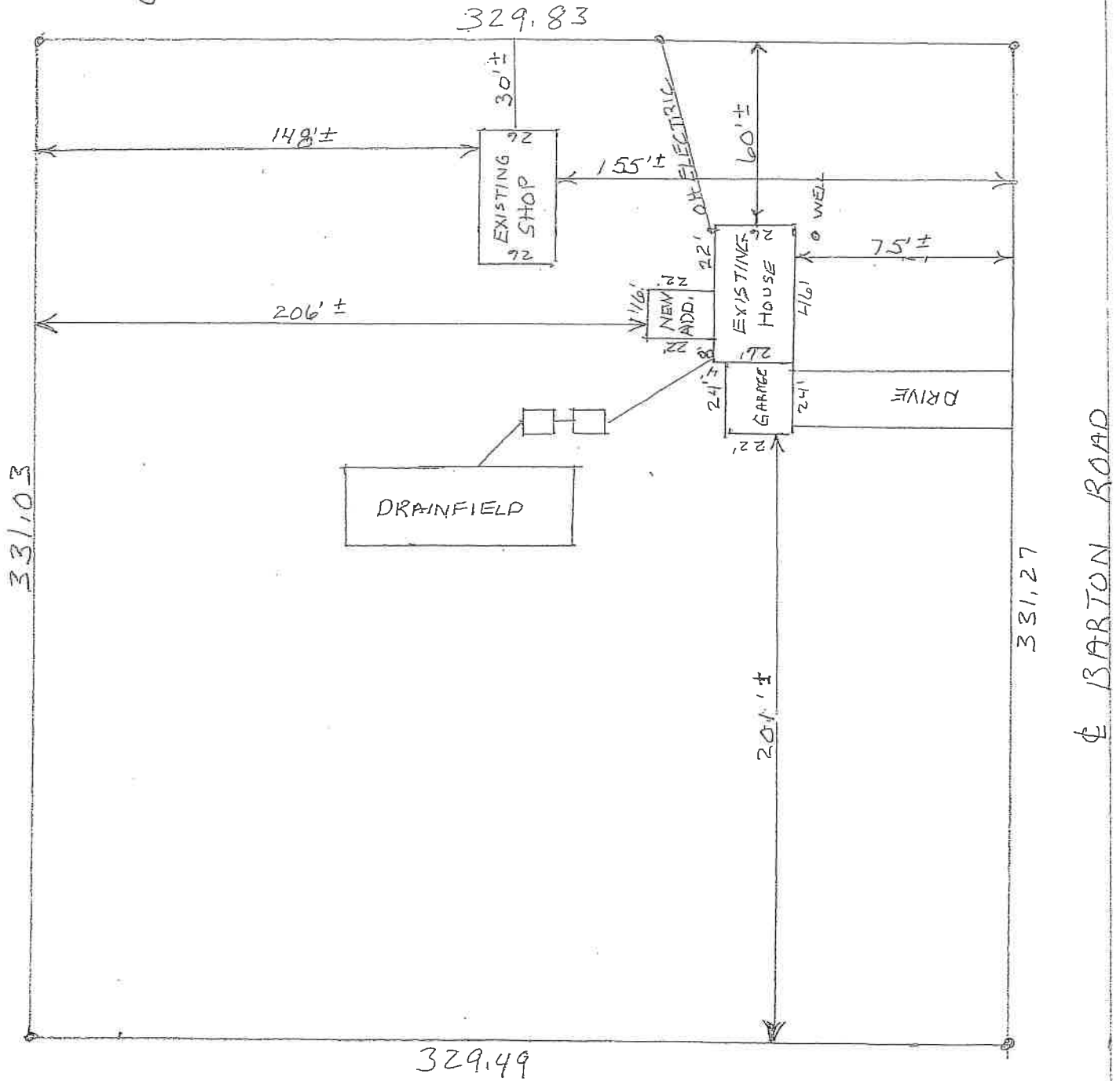
(Form for compliance with Public Act 135 of 1989 - 11-2-89)

Revised 11/25/2015

# SITE PLAN EXAMPLE

N

- all set backs
- accurate lot dimensions
- underground or overhead utilities
- legible



# 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

<http://dr.ingham.org>



Carla Florence Clos  
*Deputy Drain Commissioner*

Paul C. Pratt  
*Deputy Drain Commissioner*

David C. Love  
*Chief of Engineering and Inspection*

Sheldon Lewis  
*Administrative Assistant*

## AFFIDAVIT FOR WAIVER FROM PERMIT UNDER RULE 1705

I am affirming that the earth change that will occur on my land will disturb less than 225 square feet and will not contribute sediment to the waters of the State. Further, I acknowledge that this waiver does not exempt me from enforcement under Part 91 if a violation of requirements of Part 91 or the Rules occurs as a result of this earth disturbance.

\_\_\_\_\_  
Landowner (print)

\_\_\_\_\_  
Landowner (signature)

\_\_\_\_\_  
Date

## 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