

FENCE INSTALLATION

PERMIT APPLICATION CHECKLIST (Return with Application)

Permit application for _____
(job address)

Owner's Name _____

Contractor's Name _____

Before a zoning approval may be granted, all of the following documentation must be submitted with an application to place the fence. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- ___ 1. **BUILDING PERMIT APPLICATION** (accessory) including the following:
 - A. Linear feet of fence to be installed.
 - B. Signature of applicant (owner or contractor).
- ___ 2. **LOT DIAGRAM** or **PLOT PLAN** on page two of the application form. The drawing must include all items listed on the form, and must show where the fence is to be placed on the owners property, and its relationship to buildings and lot lines.
- ___ 3. **HEIGHT:** Indicate the height of the fence. If there will be different heights, please indicate where the different heights will be located on the property.
- ___ 4. **TYPE:** Indicate type of fence to be placed (i.e. chain link, picket, privacy, stockade, etc.)
- ___ 5. **PROOF OF OWNERSHIP** (deed, land contract, tax statement, etc.)
- ___ 6. **PROPERTY TAX I.D. NUMBER FOR THE PROPERTY INVOLVED.**

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Placement of the fence should not proceed until you have first received the zoning approval permit.

The **BUILDING DEPARTMENT** (Associated Government Services) may be contacted by PHONE at (800) 627-2801 (a voice mail system is available during the hours that the office is closed); by MAIL at 8717 Gull Road, Suite B, Richland, MI 49083; or by FAX at (269) 629-0601. OFFICE HOURS are 8:00 am to 12:00 pm and 1:30 pm to 4:30 pm, Monday through Friday. The office is located at 8717 Gull Road, Suite B, Richland, Michigan, in the "Commons" business complex.

Signed _____ Date _____
(applicant signature)

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State of Michigan Construction Codes. Include wall section/cross-section drawing showing material dimensions and specifications from footing to rafters, as well as floor plan indicating all room dimensions, window, door and stair openings. All structures containing pre-manufactured members (roof trusses, floor trusses, etc.) require sealed diagram from the manufacturer. The diagram should be forwarded to the Building Department office at time of delivery.

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

The BUILDING DEPARTMENT (Associated Government Services) may be contacted in the following ways:

- PHONE at (800) 627-2801 (a voice mail system is available during the hours that the office is closed);
- MAIL at 8717 Gull Road, Suite B, Richland, MI 49083;
- FAX at (269) 629-0601;
- BUILDING DEPARTMENT OFFICE HOURS: are 8:00 AM to 12:00 pm and 1:30 to 4:30 pm, Monday through Friday. The office is located at 8717 Gull Road, Suite B, Richland, Michigan, in the "Commons" business complex.
- BUILDING DEPARTMENT OFFICE HOURS in VAN BUREN COUNTY:
 - ALMENA TOWNSHIP HALL: 11:00 AM to 12:00 PM on Mondays at 27625 CR 375 (Almena Drive), Paw Paw
 - PAW PAW TOWNSHIP HALL: 8:30 AM to 10:30 AM on Wednesdays in the Township Hall at 114 North Gremps Street, Paw Paw.

Applications may be dropped off at the Paw Paw Township Hall, 114 N Gremps Street, Paw Paw, MI 49079. The Hall is open Monday – Wednesday – Friday, 9:00 am to 4:00 pm, and there is also a drop box at the west entrance to the building for use during off hours.

Date / /
PAW PAW TOWNSHIP

BUILDING PERMIT



**PAW PAW TOWNSHIP
 BUILDING
 DEPARTMENT**
 8717 Gull Road, Suite B
 Richland, MI 49083
 (269) 629-0600
 (800) 627-2801

PERMIT NO. _____
Accessory/detached structures and demolition

Job Address: _____ Property tax I.D. No.: _____
 Zoning District: _____ Permit Determinant: _____
 Use Group: _____ Owner: _____ () _____ phone
 Type Const.: _____ Address: _____
 Basic Dimensions: _____ ft. x _____ ft. Contractor: _____ () _____ phone
 No. Floors: _____ Bldg. Height: _____ Address: _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- | | |
|---|------------------------------------|
| _____ Sq. ft. shed | _____ cement slab & thickened edge |
| _____ Sq. ft. pole building | _____ cement slab (3 1/2" - 4") |
| _____ Sq. ft. pool | _____ dirt floor |
| _____ Sq. ft. unattached frame garage | _____ trusses _____ "O.C. |
| _____ Sq. ft. storage building & foundation | _____ rafters _____ "O.C. |
| _____ Sq. ft. demolition | _____ metal roof |
| _____ Sq. ft. basement | _____ asphalt shingles |
| _____ Sq. ft. crawl space | _____ metal exterior |
| _____ Sq. ft. deck | _____ aluminum exterior |
| _____ Sq. ft. porch | _____ brick exterior |
| _____ Sq. ft. sign | _____ block exterior |
| _____ Lineal ft. fence | _____ wood exterior |
| _____ Other | _____ Number windows |
| | _____ Number garage doors |

COST OF PERMIT: \$ _____
Building Dept.
By: _____
 Make Checks Payable to:
PAW PAW TOWNSHIP

Contractor		Phone ()	
Address		City	State
Federal ID No./Social Security no.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	

If exempt from any of the above, explain here:

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.

HOME OWNER'S AFFIDAVIT and SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: _____ Date: _____

AGENT'S/CONTRACTOR'S AFFIDAVIT

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____

PLEASE COMPLETE THE INFORMATION ON THE 2ND PAGE OF THIS FORM. READ AND SIGN THE AFFIDAVIT.

LOT DIAGRAM

Owner: _____

Address: _____

Tax I.D.: _____

- 1) Draw lot lines (show dimensions in feet)
- 2) Label street
- 3) Draw existing structures
- 4) Draw proposed construction
- 5) Show dimensions of all buildings
- 6) Show distance from all sides of buildings to property lines in feet
- 7) Draw lakes, streams, and wet lands on your property
- 8) Contractor/owner will stake 2 adjacent lot lines for the first inspection

Signature of Applicant/Agent: _____

Date: _____