

ACCESSORY BUILDINGS

PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for _____

(job address)

Owner's Name _____

Contractor's Name _____

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with the application.

- _____ 1. LOT DIAGRAM on back of first page of the application. (Required for **ALL** applications - NEW HOMES, ADDITIONS, INTERIOR REMODEL, GARAGES AND ACCESSORY BUILDINGS & STRUCTURES)
- _____ 2. BLUE PRINTS or DRAWINGS - wall section, foundation plan, and floor plan required on all applications. See page 2 for further information. Three (3) complete sets of drawings are required with any permit application.
- _____ 3. PROOF OF OWNERSHIP (Provide copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...) **RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PRE-MANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.**
- _____ 4. PROPERTY TAX I.D. NUMBER
- _____ 5.* SANITATION & WATER SUPPLY PERMITS - County Health Dept. for well & septic / Township Hall for sewer *
- _____ 6.* DRIVEWAY/SIDEWALK PERMIT - County Road Commission or MDOT *
- _____ 7.* Is the structure within 500 feet of water (lake, river, stream, county drain)? YES / NO
If YES, a SOIL EROSION PERMIT IS REQUIRED.*
- _____ 8.* Is property located in wetlands or floodplain? YES / NO
No building permit may be issued if in a flood plain without DEQ* approval.
- _____ 9.* OTHER PERMITS EVENTUALLY NECESSARY: ___ Electrical ___ Mechanical ___ Plumbing ___ Sign
Applicant or licensed contractor must submit separate application for these permits prior to commencing work on that portion of the project.

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or before any electrical, mechanical, plumbing or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical or plumbing permits.

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)

* See page 2 for address and phone number of appropriate agencies.

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.

SANITATION PERMIT (5)
(septic & well)

Health Department
57418 CR 681
Suite A
Hartford, MI 49057-9634

Ph #269-621-3143

DRIVEWAY PERMIT (6)

Road Commission
PO BOX 156
Lawrence, MI 49064
Paw Paw, MI 49079-1075

Ph #269-674-8011

SOIL EROSION PERMIT (7)

Soil Erosion and
Sedimentation Control
219 East Paw Paw Street
Paw Paw, MI 49079

Ph #269-657-8241

Michigan Department of Transportation
(Driveway access to State Highways)

269-849-1494 (MDOT – Coloma office)

Michigan Department of Environmental Quality
(Flood Hazard Management)

517-335-3181 (Website: www.michigan.gov/deq/)

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:

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