

ITEMS NEEDED FOR PERMIT:

- Zoning Fee of \$45.00
- Copy of Deed
- Address from Saginaw County Road Commission
- Driveway permit from Saginaw County Road Commission
- Septic/Well Permit from Saginaw County Health Department
- Copy of construction drawings-including floor plans and dimensions
- Address at site for inspectors
- Estimated project cost
- All Modular Homes must include approval reports from the State of Michigan for building, plumbing, mechanical and electrical.
- A site plan with plot dimensions where the house sets on the lot.

ZONING PERMIT APPLICATION
BIRCH RUN TOWNSHIP
8425 Main Street, P.O. Box 152
Ph.#(989) 624-9773 Fax #(989) 624-1177

NAME _____

ADDRESS _____

PHONE (home) _____ PHONE (work) _____

Tax Parcel # of lot _____ Zoning District _____

Application Fee \$45.00

Proposed use of parcel _____

- Attach a Scaled Drawing. Drawing may be on 8 ½ x 11 paper. Sketch your lot size (giving all dimensions), location of house, well, septic system or public utilities, driveway, and any easements, lake, river, stream, pond, county drain or other water impoundment. Also show the location of any neighboring wells and/or septic systems within 75' of your property. Be very specific as to the relationship between the lot size, house layout, and septic layout. Please show the distances (ft.) between the house location and property lines. If a scale is used, please indicate the dimensions used (e.g. 1" = 10'). Indicate all building dimensions. Give exact dimensions and height of proposed building. Please indicate North arrow.

The attached sketch is accurate and shows the layout of the property and any and all proposed construction. Any alterations(s) will need written approval by the Zoning Department

Applicant's Signature Date

Office use only

Check one:

_____ Application approved _____ Application denied

*If the application is denied, a separate sheet listing reasons for denial will be attached.

Date _____ Amount _____ Check # _____ Cash _____

Signature Zoning Administrator

TOWNSHIP OF BIRCH RUN

8425 Main St. P.O. Box 152

Birch Run, MI 48415

Phone (989)-624-9773 Fax (989)-624-1177

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

AUTHORITY: P.A. 230 of 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POKTICAL BELIEFS.
---	---

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE		TELEPHONE NUMBER
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STAE	ZIP CODE		TELEPHONE NUMBER
LICENSE NUMBER		EXPIRATION DATE		
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STAE	ZIP CODE		TELEPHONE NUMBER
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> New Building	3. <input type="checkbox"/> Alterations	5. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Foundation Only	9. <input type="checkbox"/> Relocation
2. <input type="checkbox"/> Addition	4. <input type="checkbox"/> Repair	6. <input type="checkbox"/> Mobile Home Set Up	8. <input type="checkbox"/> Premanufacture	10. <input type="checkbox"/> Special Inspection
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> Buidling	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Foundation
IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
1. <input type="checkbox"/> One Family	3. <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> No. of Units	5. <input type="checkbox"/> Detached Garage		
2. <input type="checkbox"/> Two or More Family <input type="checkbox"/> No. of Units	4. <input type="checkbox"/> Attached Garage	6. <input type="checkbox"/> Other _____		

B. NON-RESIDENTIAL

7. <input type="checkbox"/> Amusement	11. <input type="checkbox"/> Service Station	15. <input type="checkbox"/> School, Library, Educational
8. <input type="checkbox"/> Church, Religion	12. <input type="checkbox"/> Hospital, Institutional	16. <input type="checkbox"/> Store, Mercantile
9. <input type="checkbox"/> Industrial	13. <input type="checkbox"/> Office, Bank, Professional	17. <input type="checkbox"/> Tanks, Towers
10. <input type="checkbox"/> Parking Garage	14. <input type="checkbox"/> Public Utility	18. <input type="checkbox"/> Other _____

Nonresidential - describe in detail proposed use of building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. <input type="checkbox"/> Masonry, Wall Bearing	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structural Steel
4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/> Other _____	

B. PRINCIPAL TYPE OF HEATING FUEL

6. <input type="checkbox"/> Gas	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity
9. <input type="checkbox"/> Coal	10. <input type="checkbox"/> Other _____	

C. TYPE OF SEWAGE DISPOSAL

11. <input type="checkbox"/> Public or Private Company	12. <input type="checkbox"/> Septic System
--	--

D. TYPE OF WATER SUPPLY

13. <input type="checkbox"/> Public or Private Company	14. <input type="checkbox"/> Private Well or Cistern
--	--

E. TYPE OF MECHANICAL

15. Will There Be Air Conditioning? yes no 16. Will There Be Fire Supression yes no

F. DIMENSIONS/DATA

17. Number of Stories _____	21. Floor Area	<u>Existing</u>	<u>Alterations</u>	<u>New</u>
18. Use Group _____	Basement	_____	_____	_____
19. Const Type _____	1st & 2nd Floor	_____	_____	_____
20. No. of Occupants _____	3rd-10th Floor	_____	_____	_____
	11th above	_____	_____	_____
	Total Area	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

NAME		TELEPHONE NUMBER		
ADDRESS	CITY	STATE		ZIP
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER				

I HEARBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

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 a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT _____

PLAN REVIEW FEE ENCLOSED \$ _____

BUILDING PERMIT FEE ENCLOSED \$ _____

V. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

Plans are enclosed with this application

- A. ZONING
- B. FIRE DISTRICT
- C. POLLUTION CONTROL
- D. NOISE CONTROL
- E. SOIL EROSION
- F. FLOOD ZONE
- G. WATER SUPPLY
- H. SEPTIC SYSTEM
- I. VARIANCE GRANTED
- J. OTHER

Required?	Approved	Date	Number	By
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				
yes no				

VII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____

BASE FEE _____

TYPE OF CONSTRUCTION _____

NUMBER OF INSPECTIONS _____

APPROVAL SIGNATURE _____

TITLE _____ DATE _____

ONE STORY WALL SECTION

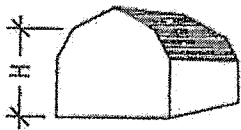
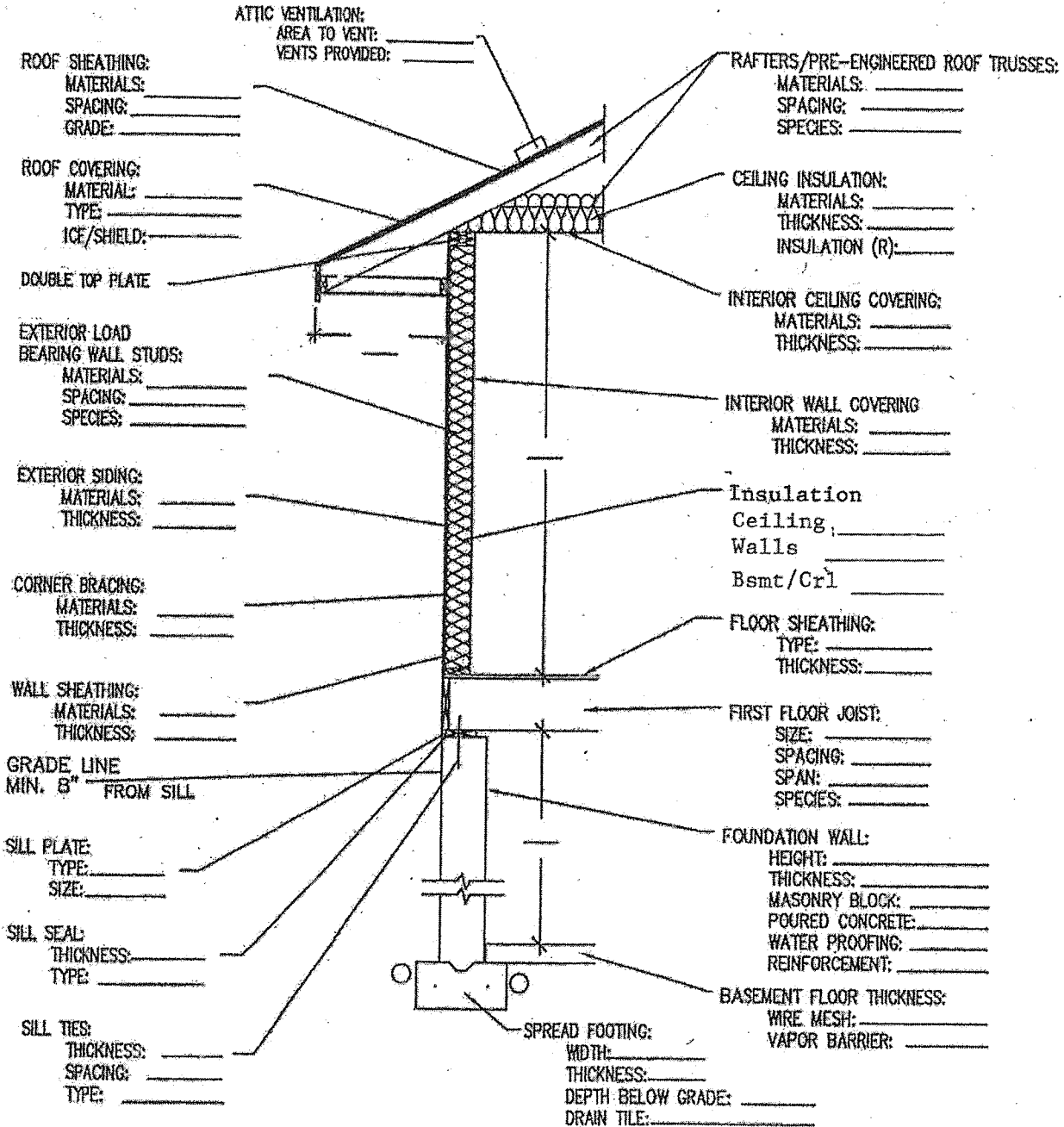
Job _____

DATE: _____

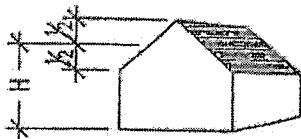
NAME _____

ADDRESS: _____

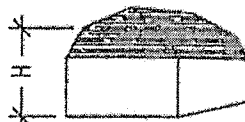
SIGNATURE: _____



GAMBREL ROOF



GABLE ROOF



MANSARD ROOF



HIP ROOF

You must provide BUILDING HEIGHT _____ (mean height see above)

