

Please complete **all** forms and return them to me, along with a check for \$75.00, made out to Sagola Township. (Commercial is \$125.00)

Note: If you start building without proper permits, this fee will double.

NOTE: YOU MUST HAVE AREA MARKED WITH STAKES PRIOR TO MY SITE INSPECTION.

On Section IX, please fill out a site plan. Your site plan must show the following:

- 1) All existing and proposed buildings; label them.
- 2) Label building dimensions.
- 3) Label distances to all lot lines, water bodies, and other structures.
- 4) Show all roads.

If you have any questions, please feel free to contact me.

Thank you, Pam Minerick
Sagola Twp Zoning Administrator
PO Box 91
Channing, MI 49815

Cell: 906-282-8680

E-mail: pminerick@gmail.com

NOTE: ALL BUILDING PERMITS REQUIRE INSPECTION BY SAGOLA TOWNSHIP ASSESSOR. PLEASE SIGN BELOW ALLOWING PERMISSION FOR THIS INSPECTION

(Land Owner Signature)

OWNERS NAME:

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV and IX.**I. LOCATION OF BUILDING**

ADDRESS:

(NO.)

(STREET)

ZONING
DISTRICT

BETWEEN

(CROSS STREET)

AND

(CROSS STREET)

SUBDIVISION

LOT

BLOCK

LOT SIZE

II. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A-D**A. TYPE OF IMPROVEMENT**

1. ☐ New Building
2. ☐ Addition (if residential, enter number of New housing units added, if any, In Part D, 13)
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Wrecking (if multifamily, residential, Enter number of units in building in Part D, 13)
6. ☐ Moving (relocation)
7. ☐ Foundation Only

B. OWNERSHIP

8. ☐ Private (Individual, corporation, Nonprofit, institution, etc.)
9. ☐ Public (Federal, State or local government)

D. PROPOSED USE - FOR "WRECKING" MOST RECENT USE

Residential

Non Residential

12. ☐ One Family18. ☐ Amusement, recreational13. ☐ Two or more family - Enter Number of units --> _____19. ☐ Church, Other Religious14. ☐ Transient hotel, motel or Dormitory - Enter number Of units -----> _____20. ☐ Industrial15. ☐ Garage21. ☐ Parking Garage16. Carport ☐22. ☐ Hospital, Institutional17. ☐ Other - Specify _____24. ☐ Office, Bank, Professional25. ☐ Public Utility26. ☐ School, Library, Other Educational27. ☐ Stores, Mercantile28. ☐ Tanks, Towers29. ☐ Other - Specify _____**C. COST**

10. Cost of improvement

(Omit Cents)

\$

To be installed but not included In the above cost

A. Electrical

B. Plumbing

C. Heating, Air Conditioning..

D. Other (Elevator, etc.).....

11. TOTAL COST OF IMPROVEMENT

\$

Nonresidential - Describe in detail proposed use of buildings, 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.

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E-L; For wrecking, complete only Part J, for all others skip to IV.**E. PRINCIPAL TYPE OF FRAME**

30. ☐ Masonry (Wall Bearing)
31. ☐ Wood Frame
32. ☐ Structural Steel
33. ☐ Reinforced Concrete
34. ☐ Other - Specify _____

G. TYPE OF SEWAGE DISPOSAL

40. ☐ Public or Private Company
41. ☐ Private (Septic Tank, Etc.)

H. TYPE OF WATER SUPPLY

42. ☐ Public or private company
43. ☐ Private (well, cistern)

J. DIMENSIONS

48. ☐ Number of Stories
49. ☐ Total square feet of floor area, All floors, based on exterior Dimensions
50. ☐ Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

51. ☐ Enclosed.....
52. ☐ Outdoors.....

F. PRINCIPAL TYPE OF HEATING FUEL

35. ☐ Gas
36. ☐ Oil
37. ☐ Electricity
38. ☐ Coal
39. ☐ Other - Specify _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
44. ☐ Yes 45. ☐ No
- Will there be an elevator?
46. ☐ Yes 47. ☐ No

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms.....
54. Number of Bathrooms { Full..... Partial.....

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

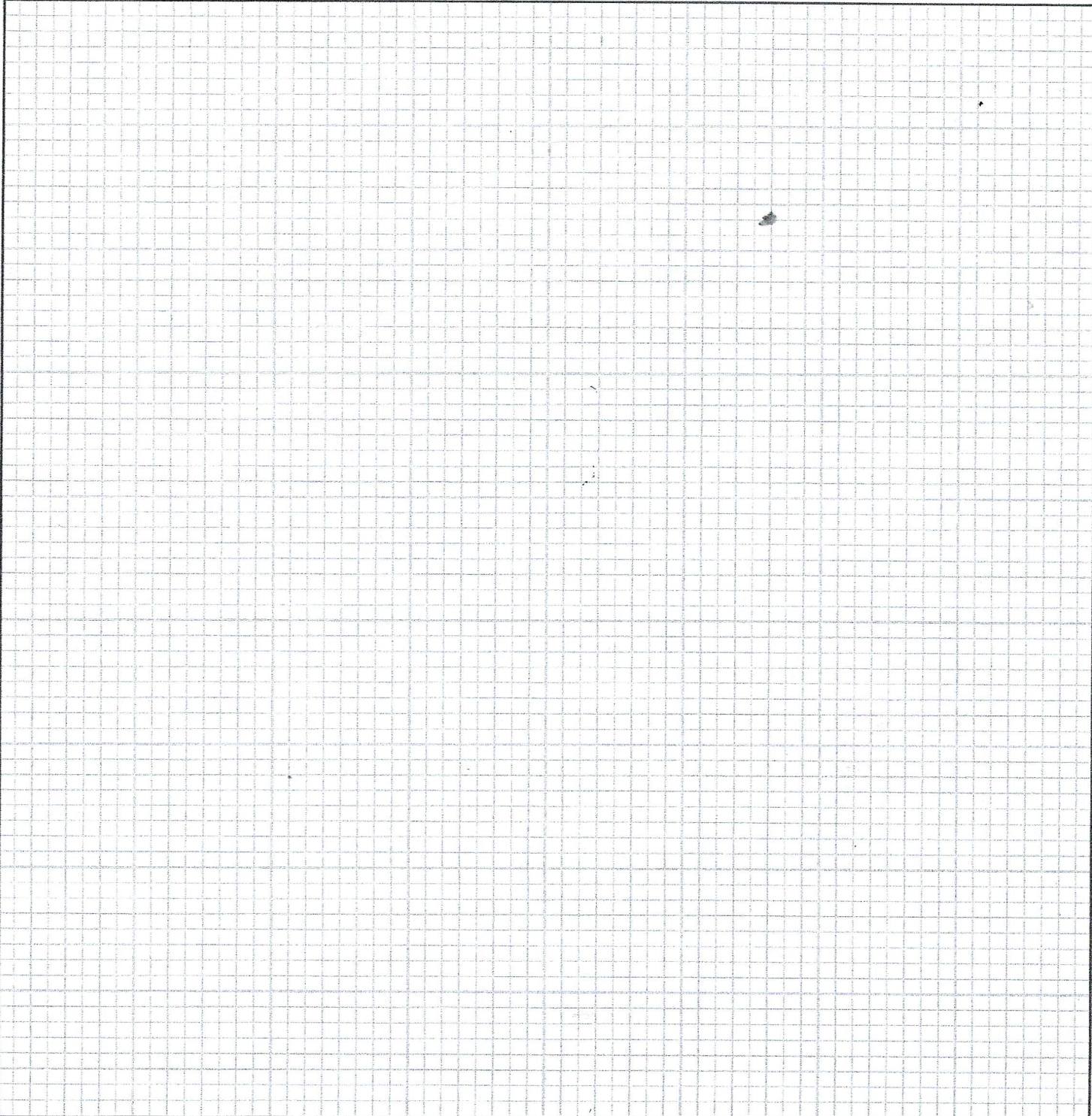
FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - *For Applicant Use*

IV. IDENTIFICATION - To be completed by all applicants

Name		Mailing Address - Number, Street, City and State	ZIP Code	Tel. No.
1. Owner Or Lessee				
2. Contractor			Builder's License No.	
3. Architect Or Engineer				

I hereby 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 this jurisdiction.

Signature of applicant	Address	Application Date
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DO NOT WRITE BELOW THIS LINE**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Plans Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING	\$					
PLUMBING	\$					
MECHANICAL	\$					
ELECTRICAL	\$					
OTHER _____	\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Date Obtained	Number	By	Permit or Approval	Date Obtained	Number	By
BOILER				PLUMBING			
CURB OR SIDEWALK CUT				ROOFING			
ELEVATOR				SEWER			
ELECTRICAL				SIGN OR BILLBOARD			
FURNACE				STREET GRADES			
GRADING				USE OF PUBLIC AREAS			
OIL BURNER				WRECKING			
OTHER _____				OTHER _____			

VII. VALIDATION

Building
Permit Number _____

Building
Permit Issued _____

Building
Permit Fee \$ _____

Certificate of Occupancy \$ _____

Drain Tile \$ _____

Plan Review Fee \$ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved By: _____

TITLE

DICKINSON COUNTY CONSTRUCTION PERMIT PROCEDURES

Owner _____ Phone _____

Address _____

Site Address _____

Site Location (from tax bill)	$\frac{1}{4}$	$\frac{1}{4}$	Section	Town	Range	County
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PROPERTY NUMBER (from tax bill) #005-

Project Description _____

The following approvals may be required to be obtained by the property owner prior to making the application for a building permit. If a signature of a specific official does not apply, please respond by signifying "N/A" (No applicable.)

Signature approvals must be obtained in the following order:

1. Zoning _____
(906) 282-8680
2. Health Department (Septic & Well Permit) _____
(906) 774-1868
3. Road Commission (Driveways) _____
(906) 774-1588
4. Drain Commissioner _____
(906) 774-2842 **Signature req'd if building within 500' of any body of water**
5. Construction Code Administration _____
 - A. Building Permit _____
 - B. Mechanical Permit _____
 - C. Electrical Permit _____
 - D. Plumbing Permit _____

I hereby certify that the above information is correct and agree to comply with all appropriate township, county, and state regulations. **I hereby certify that the information in this document is accurate and I will be held solely liable for any misinformation.**

Signed: _____ Date _____
(Signature of property Owner/Representative)