

Application for Plan Examination and Building Permit

Please complete all forms and return them to the Sagola Township Administrator, along with a check for \$75.00, made out to Sagola Township. The cost for commercial is \$125.00.

Note: If you begin construction without the proper permits, this fee will **triple**.

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

For Section IX, please complete 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
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ZONING DISTRICT:	
LOCATION OF BUILDING	ADDRESS: BETWEEN _____ (CROSS STREET) _____ (CROSS STREET) AND _____ SUBDIVISION _____ BLOCK _____ LOT _____ LOT _____ SIZE _____

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

A. TYPE OF IMPROVEMENT <small>Addition (if residential, enter number of)</small> New housing units added, if any, In Part De 13 3.0 Alteration (See 2 above) 4.0 Repair, replacement 5•a Wrecking (if multifamily, residential, Enter number of units in building in Part D, 13) 6.0 Moving (relocation) 7.0 Foundation Only	D. PROPOSED USE - FOR "WRECKING" Residential 12. One Family 13. Two or more family - Enter Number of units _____ 14. CI Transient hotel, motel Dormitory - Enter Of units or number _____ 15. Garage 16. Carport 17. CI Other - Specify _____ _____ _____	MOST RECENT USE Non Residential 18. Amusement, recreational 19. C] Church, Other Religious 20. Industrial 21. Parking Garage 22. 13 Hospital, Institutional <input type="checkbox"/> 24. Office Bank, Professional <input type="checkbox"/> 25. Public Utility <input type="checkbox"/> 26. School, Library, Other 27. Stores, Mercantile 28- a Tanks, Towers 29. C] Other - Specify _____ nal
B. OWNERSHIP 8.0 Private (Individual, corporation Nonprofit, institution, etc.) 9.0 Public (Federal, State or local government)		

C. COST 10. Cost of improvement \$ _____ (Omit Cents) To be installed but not included in the above cost E] _____ 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, officé building at industrial plant. If use of existing building is being changed, enter proposed use.
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Pans E-L; complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30. C] Masonry (Wall Bearing) 31. Wood Frame 32.0 Structural Steel 33. Reinforced Concrete 34.[3 Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40.[3 Public or Private Company _____ Private (Septic Tank, Etc.) H. TYPE OF WATER SUPPLY 42.0 Public or private company 43.0 Private (well, cistern)	J. DIMENSIONS 48.0 Number of Stories _____ 49.0 Total square feet of floor area, _____ All floors, based on exterior Dimensions _____ 50.0 Total land area, sq. ft. _____	_____ _____ _____
F. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> 35. Gas <input type="checkbox"/> 36. Oil <input type="checkbox"/> 37. Electricity 38. C] coal 39. CI Other - Specify _____	1. TYPE OF MECHANICAL Will there be central air conditioning? Yes NO Will there be an elevator? 46EYes 47.ÜNO	K. NUMBER OF OFF-STREET PARKING SPACES 51.0 Enclosed _____ 52.0 Outdoors _____	L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms _____ F _____ U _____ II _____ 54. Number of _____

VI". ZONING PLAN EXAMINERS NOTES
DISTRICT
USE
FRONT YARD
SIDE YARD
REAR YARD
NOTES

IX. SITE OR PLOT PLAN -For Applicant Use

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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

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						

V]. 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)

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 required 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)