



PROJECT APPLICATION

Tittabawassee Township
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone: (989) 695-9512

Project Information		
Project Address	Property ID Number: 29-13-3-	Zoning Dist.*
Owner Name	Contact Address	Phone
Application Fee: \$25.00	Estimated cost of project:	

***Note: Any work in Commercial or Industrial districts requires a site plan review, contact Zoning Administrator.**

Contractor Information		
Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	Cell:

Type of Improvement:

Re-Roof of Existing Building Only		Number of squares being Installed
<i>Please refer to the Re-Roofing Information Sheet for details on the inspection and permitting process.</i>		
Type of Building	Type of Roofing	Type of Installation
___ Single Family Home *ADD \$80	___ Shingle	___ Complete tear Off
___ Duplex (Two Family Home) *ADD \$80	___ Metal Standing Seam	___ Shingle Over (Requires an onsite inspection prior to permit issuance)
___ Residential Accessory Building *ADD \$35	___ Metal Sheet (screw down)	
___ Other buildings require building permit	___ Membrane (Inspection certificate required from supplier prior to final inspection)	

___ **Residential Construction:** (New, Addition or Remodel) **Building Permit is required.** Attach site plan and note setback requirements below.

___ **Other Repairs:**

- ___ Replace/modify windows or doors: **Building Permit is required.**
- ___ Replace siding/gutters/shutters etc.: **Building permit is not required.**
- ___ Basement or foundation wall/drainage: **Building permit is required.**
- ___ Other: Describe: _____

___ **Accessory Structure, Shed or Storage Building:** Size: _____ Sq. Footage: _____ **Attach site plan.**
If over 200 sq. ft. a building permit is required. Please refer to Accessory Structure Information Sheet for requirements.

___ **Flatwork:** (Driveway, patio or flat deck) Attach diagram. Raised or multilevel deck requires building permit. For driveway work, Road Commission or MDOT permit may be required. Contact appropriate office.

___ **Pool:** Attach site plan showing proposed location and setbacks. If over 24 inches in height and/or over 5000-gallon capacity, a building permit is required.

___ **Fence:** Attach site plan showing proposed location and heights. Please refer to Fence Information sheet for requirements.

___ **Pond:** (Any size) **Site plan review is required,** contact Zoning Administrator.

___ **Other:** Describe _____

Applicant Information			
<i>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</i>			
Name:	Address:		
City:	State:	Zip:	Phone:
<i>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 have read and agree to conform to all applicable Building Codes and Zoning Ordinances of Tittabawassee Township.</i>			
<i>I accept responsibility for violations of any covenants and encroachment of any easement.</i>			
<i>I hereby grant Tittabawassee Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigations specifically related to this application.</i>			
<i>All information submitted on this application is accurate to the best of my knowledge.</i>			
Signature of Applicant:		Date:	
Email Address:			

Project cannot proceed until application is approved by township officer.

Approvals (for office use only)		
Reviewed by:	Date:	Zoning Permit #:
_____	Is project in or near a known easement? If yes, verify approval from affected agency.	
_____	Project complies with zoning requirements and this permit is approved.	
_____	Project does not comply with zoning requirements and this permit is denied.	
Comments		

Setback Requirements for dwelling unit/main structure

Zoning District	Max. Building Height	Min. Front Setback	Min. Total Side Setback	Minimum Side Setback	Minimum Rear Setback	Minimum Floor Area
AG	35	40	50	25	40	1050
R1-A	35	40	50	25	40	1050
R1-A Platted Subdivision	35	35	30	15	30	1050
R-1	35	30	20	8	30	1050
R-1V	35	16	16	8	15	900
R-2	35	30	24	10	35	900
R-3	40	30	30	15	35	varies

Setback Requirements for accessory structure

Zoning District	Max. Building Height	Minimum Total Side Setback	Minimum Side Setback	Minimum Rear Setback	Maximum Lot Coverage	Maximum Total Accessory Building Floor Area
AG	35	35	15	30	n/a	3200 SF
R-1A	25	35	15	30	25%	3200 SF
R-1A Platted Subdivision	25	30	15	5	25%	864 SF
R-1	18	15	8	5	25%	864 SF
R-1V	18	6	3	5	60%	864 SF
R-2	18	20	8	5	25%	864 SF
R-3	18	25	8	5	40%	864 SF

All accessory buildings must be at least 10' from primary structure (Michigan Fire Code) and no accessory structure is allowed in front yard or in any road or utility right of way.

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a site or plot plan.

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this agency.

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

TITTABAWASSEE TOWNSHIP
 145 S. Second St., P.O. Box 158, Freeland, MI 48623-0158
 (989) 695-9512 Fax: (989) 695-5060
 www.tittabawassee.org

Parcel I.D. # _____
 Permit # _____
 Date Issued: _____

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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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		ZIP CODE	
PROJECT DESCRIPTION				
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME	ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER				
C. CONTRACTOR/APPLICANT				
NAME	ADDRESS			
CITY	STATE	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"/> ALTERATION	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"/> BUILDING	<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
NO. OF UNITS _____ | 5. <input type="checkbox"/> STORAGE BUILDING, SHED or
POLE BUILDING |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED/DETACHED 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, MERCHANTILE |
| 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 |

NON-RESIDENTIAL - 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 ENERGY

- | | | | | |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

F. DIMENSIONS/DATA

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
19. CONST. TYPE _____	1 ST & 2 ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 RD - 10 TH FLOOR	_____	_____	_____
	11 TH - ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

- | | |
|--------------------|--------------------|
| 22. ENCLOSED _____ | 23. OUTDOORS _____ |
|--------------------|--------------------|

I. ENERGY CODE COMPLIANCE	
24. AREAS OF CEILING	R - VALUES OF CEILINGS
25. AREAS OF SKYLIGHTS	U - VALUES OF SKYLIGHTS
26. AREAS OF WALLS	R - VALUES OF WALLS
27. AREAS OF WINDOWS	U - VALUES OF WINDOWS
28. AREAS OF DOORS	U - VALUES OF DOORS
29. AREAS OF BASEMENT WALLS	R - VALUES OF BASEMENT WALLS
30. AREAS OF FLOORS OVER UNCONDITIONED SPACE	R - VALUES OF FLOORS OVER UNCONDITIONED SPACE
31. AREAS OF CRAWL SPACE WALLS	R - VALUES OF CRAWL SPACE WALLS
32. FURNACE EFFICIENCY	
33. AIR CONDITIONING SEER RATING	

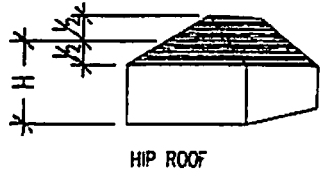
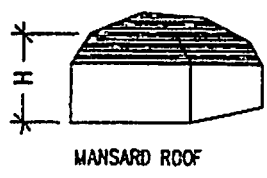
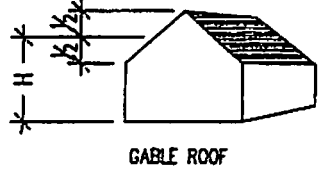
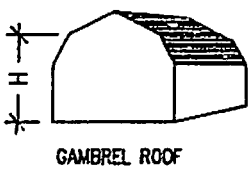
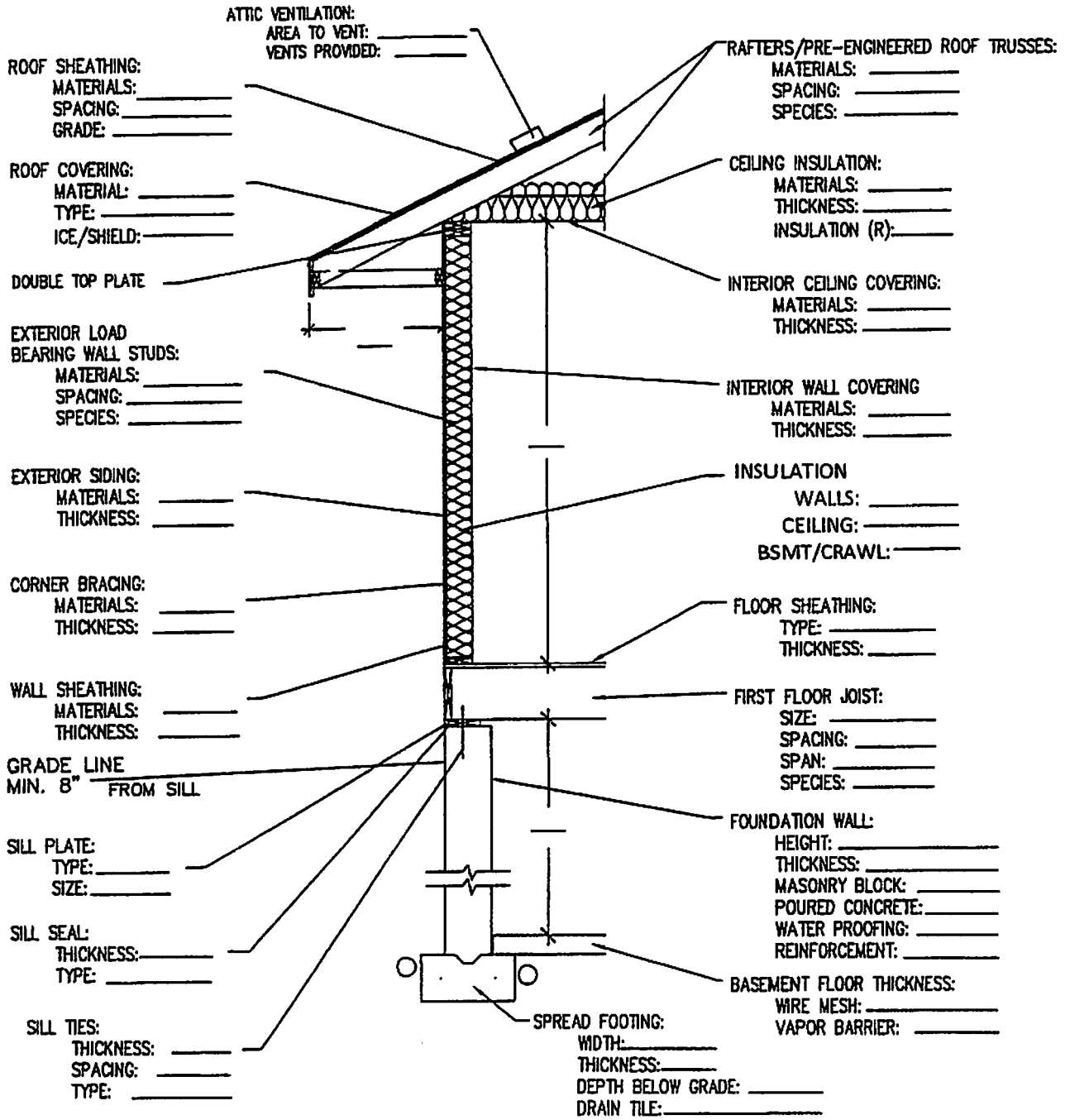
VI. APPLICANT INFORMATION	
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION. I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
_____ OWNER	_____ CONTRACTOR _____ DESIGN PROFESSIONAL
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 _____ DATE _____	
ESTIMATED COST OF CONSTRUCTION _____	Building Permit Fee _____ Sewer System Development Fee _____ Sewer Permit Fee _____ Drainage Review Fee _____ Plan Review Fee _____

VII. FOR DEPARTMENT USE			
A. SETBACKS			
ZONING DISTRICT _____	STREET YARD _____	STREET YARD _____	BACK YARD _____
	SIDE YARD(S) _____	SIDE YARD TOTAL _____	
	REQUIRED?	APPROVED	DATE
B. ZONING			
C. DRAINAGE REVIEW			
D. SOIL EROSION			
E. FLOOD PLAIN MGT.			
F. SEPTIC			
G. SIDEWALK			
H. DRIVEWAY			
I. OTHER _____			

ONE STORY WALL SECTION

JOB: _____
 DATE: _____

NAME: _____
 ADDRESS: _____
 SIGNATURE: _____



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

Required Building Permit Background Information

Please state what you are intending to build: _____

Location

Job Address:	Bldg #:	Unit #:	Lot Area:
Legal Description	Lot:	Block:	Subdivision:
			Zoning:

Structure

Stories:	Building Height to Peak:	Sidewall Height:
<i>Square Feet Added or Remodeled</i>		
Finished sq. ft.	1 st Story:	2 nd Story:
		3 rd Story:
Basement sq. ft.	Finished:	Unfinished:
		Garage sq. ft.:
Deck sq. ft.:	Porch sq. ft.:	Covered Patio sq. ft.:
		Other sq. ft.:

Electric Facilities Description

Meter Relocation	Breaker Upgrade	Heat Source	AC Added
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas <input type="checkbox"/> Electric <input type="checkbox"/>	Yes <input type="checkbox"/> Tons ___ No <input type="checkbox"/>

Project Cost

Total construction cost of this Project: \$ _____

Parcel Number: 28-12-

General Information

Owner:	Address:	Phone#:
General Contractor:		City License #:
Electrical Contractor:		City License #:
Plumbing Contractor:		City License #:
Mechanical Contractor:		City License #:
Contact:		Phone#:
Party Responsible for Payment of Construction, Connection and Metering Costs		
Name:		Phone #:

I hereby acknowledge that I have read this application, filed out in full the information required and have completed an accurate plot plan. I state that all of the information required is correct. I agree to build this structure according to the Tittabawassee Township Ordinance and the Michigan Building Code.

Signature: _____
 (Homeowner, Qualified Individual)

Date: _____



Soil Erosion and Sedimentation Permit Confirmation

Tittabawassee Township
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone:(989)695-9512

Applicant Information	
Project Address	Property ID Number: 29-13-3-
Owner Name: (Please print)	Contact Address:
Email Address:	Phone:

You must contact the Saginaw County Public Works Commissioner's Office at (989) 790-5258 to see if a Soil Erosion and Sedimentation Control Permit (a.k.a. SESC Permit) is required. Their office is in the Saginaw County Courthouse, 111 S. Michigan Ave. If a permit is required, the form can be obtained from their website:

<http://saginawcounty.com/PublicWorks/Permits-and-Forms.aspx>

Is an SESC Permit required for this project? Yes: ____ No: ____

If Yes, please provide the SESC Permit number and attach a copy of the permit.

Permit Number _____

If No, please provide the name of the person you spoke with at the Saginaw County Public Works Commissioner's Office and the date that you spoke with them.

Name of Staff Person: _____ Date: _____

<i>I certify that all information submitted on this application is true and accurate to the best of my knowledge.</i>	
Signature of Applicant:	Date:

Approvals (for office use only)	
Reviewed by:	Date:
_____ Confirmation that project does not need SESC Permit	
_____ SESC Permit Provided	
Comments	