

ZONING PERMIT CHECKLIST – (Return with Application)

Project address/location of proposed work: _____

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 application.
- ____ 2. **PROOF OF OWNERSHIP** (Provide a 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.**
- ____ 3. **PROPERTY TAX I.D. NUMBER**
- ____ 4. **DESCRIPTION OF WORK PROPOSED AND USE OF BUILDING/PROPERTY:**

- ____ 5. **OTHER PERMITS EVENTUALLY NECESSARY:**
____ Electrical ____ Mechanical ____ Plumbing
The applicant or a licensed contractor must submit separate application forms 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, plumbing, mechanical, or structural work is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any electrical, mechanical, plumbing or building permits.

VILLAGE OFFICE HOURS are Monday – Friday, 9am- 3:00pm, 305 W Elizabeth St. Rm. 107 Stockbridge, MI 49285; PHONE is (517) 851-7435; by MAIL PO Box 155, Stockbridge, MI 49285; Email clerk@vosmi.org ; or by FAX at (517) 772-6222.

BUILDING DEPARTMENT: Ph. (800)627-2801 Monday through Friday 8-12 and 1:30-4:30

Signed: _____

Date: _____

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Include wall section/cross-section drawing showing material dimensions and specification 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, laminated beams, etc.) require sealed diagram from the manufacturer; forward to our office at time of delivery.

SANITATION

Village of Stockbridge
PO Box 155
305 W Elizabeth St Rm 107
Stockbridge MI 49285
Phone:(517) 851-7425

ADDRESS

Village of Stockbridge
PO Box 155
305 W Elizabeth St Rm 107
Stockbridge MI 49285
Phone:(517) 851-7425

DRIVEWAY

M-52 or M-106
MDOT
Phone:(517) 335-3754

DRIVEWAY

Village of Stockbridge
PO Box 155
305 W Elizabeth St Rm 107
Stockbridge MI 49285
Phone:(517) 851-7425

ZONING

Associated Gov't Svc.
Phone:(800) 627-2801
M-F 8:00-12:00, 1:30-4:30

BUILDING CODE

Associated Gov't Svc.
Phone:(800) 627-2801
M-F 8:00-12:00, 1:30-4:30

SESC PERMITS

Ingham County Drain Commission
Phone: (517) 676-8395

DEQ PERMITS

Lansing District Office
PO Box 30242 Lansing MI 48909-7742
525 W Allegan (Constitution Hall)
Phone: (517) 284-6651

DNR PERMITS

Chuck Dennison
Phone: (734) 426-4913
dennisonc@mi.gov

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

ZONING PERMIT

Date ____/____/____

VILLAGE OF STOCKBRIDGE

Permit # _____
Zoning of Residential Structures

VILLAGE OF STOCKBRIDGE
PO BOX 155 / 305 W ELIZABETH ST
STOCKBRIDGE MI 49285
PH. 517-851-7435 FAX.517-772-6222
BLDG DEPT. 800-627-2801 EXT. 0

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: _____ Cell: _____

Address: _____ E-mail address _____

City/State _____ Zip _____ Dimensions: _____ ft. x _____ ft. No. of floors _____ Bldg. Height _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

_____ Sq. ft. shed (under 200 sq ft)

_____ Sq. ft. agricultural pole building

_____ Lineal Ft. of FENCE

_____ FENCE HEIGHT

_____ FENCE TYPE

OTHER _____

Office Use Only

Zoning District _____

Use Group _____/Type of Construction _____

Permit Determinant _____

COST OF PERMIT: \$ _____

By: _____
Building Official

Make Checks Payable to VILLAGE OF STOCKBRIDGE

Contractor		Ph./FAX	
E-MAIL			Cell
Address		City & State	Zip Code
Federal D 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.

HOMEOWNER'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/CONTRACTORS AFFIDAVIT and SIGNATURE

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: _____

COMPLETE INFORMATION ON SECOND PAGE

ZONING PERMIT SECOND PAGE
LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

- (1) Draw lot lines 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 building to sidelines
- (7) Draw lakes, streams, and wet lands within 500 feet
- (8) Contractor/owner will stake 2 adjacent lot lines

Signature of Applicant/Agent _____

Date _____

FENCE INSTALLATION

PERMIT APPLICATION CHECKLIST (Return with Application)

Permit application for: _____

Owner's Name: _____

Contractor's Name: _____

Before any zoning approval may be granted, all of the following documentation must be submitted with an application to place the fence. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- _____ 1. **BUILDING PERMIT APPLICATION** (accessory) including the following:
 - A. Linear feet of fence to be installed.
 - B. signature of applicant (owner or contractor).
- _____ 2. **LOT DIAGRAM** or **PLOT PLAN** on page two of application form. The drawing must include all items listed on the form, and must show where the fence is to be placed on the owners property, and its relationship to buildings and lot lines.
- _____ 3. **HEIGHT:** Indicate the height of the fence. If there will be different heights, please indicate where the different heights will be located on the property.
- _____ 4. **TYPE:** Indicate type of fence to be placed (i.e. chain link, picket, privacy, stockade, etc.)
- _____ 5. **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...)
- _____ 6. **PROPERTY TAX I.D. NUMBER FOR PROPERTY INVOLVED.**

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Placement of the fence should not proceed until you have first received the zoning approval permit.

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