

ACCESSORY BUILDING PERMIT

Date ____/____/____

VILLAGE OF STOCKBRIDGE

Permit # _____
Accessory/detached 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 _____

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Building Height _____

Type of Construction _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Sq. ft. shed | <input type="checkbox"/> cement slab & thickened edge. |
| <input type="checkbox"/> Sq. ft. pole building | <input type="checkbox"/> cement slab (3 1/2" - 4") |
| <input type="checkbox"/> Sq. ft. porch on pole building | <input type="checkbox"/> rafters _____" O.C. |
| <input type="checkbox"/> Sq. ft. pool | <input type="checkbox"/> trusses _____" O.C. |
| <input type="checkbox"/> Sq. ft. deck for pool | <input type="checkbox"/> metal roof |
| <input type="checkbox"/> Sq. ft. unattached frame garage | <input type="checkbox"/> asphalt shingles |
| <input type="checkbox"/> Sq. ft. storage building | <input type="checkbox"/> metal exterior |
| <input type="checkbox"/> Lineal ft. fence | <input type="checkbox"/> aluminum/vinyl exterior |
| <input type="checkbox"/> _____ Type of fence | <input type="checkbox"/> brick exterior |
| <input type="checkbox"/> _____ Height of fence | <input type="checkbox"/> block exterior |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> wood exterior |
| | <input type="checkbox"/> Number of windows _____ |
| | <input type="checkbox"/> Number of garage doors _____ |

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

Please supply 3 sets of plans

| | | | |
|--|-----------------|--|----------|
| Contractor | | Ph./FAX | |
| E-MAIL | | | Cell |
| Address | | City & State | Zip Code |
| Federal D No/Social Security No. | | MESCC 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

ACCESSORY BUILDING 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 _____

RESIDENTIAL APPLICATION 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. **ZONING APPROVAL DOCUMENTATION.**
- _____ 2. **LOT DIAGRAM** on back of first page of application. (Required for **ALL** applications – NEW HOMES, ADDITIONS, INTERIOR REMODEL, GARAGES AND ACCESSORY BUILDINGS AND STRUCTURES)
- _____ 3. **BLUE PRINTS OR DRAWINGS** - Provide (3 Sets) of complete drawings. If over 3500 sq. ft. you will need signed and sealed plans by an Architect or Engineer.
- _____ 4. **MICHIGAN UNIFORM ENERGY CODE COMPLIANCE** – for all projects, documentation must be provided demonstrating compliance with the energy code.
- _____ 5. **ROOF LOADING DATA SHEET** – for all projects, documentation must be provided demonstrating compliance.
- _____ 6. **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.**
- _____ 7. **PROPERTY TAX I.D. NUMBER**
- _____ 8. **SANITATION & WATER SUPPLY PERMITS** (Village of Stockbridge)*
- _____ 9. **DRIVEWAY/SIDEWALK PERMIT** – Village of Stockbridge or MDOT*
- _____ 10. Is the Structure within 500 feet of water (lake, river, stream, county drain) **OR** is the excavated area equal to or greater than 1 acre? **YES / NO** **IF YES a SOIL EROSION PERMIT IS REQUIRED.**
- _____ 11. Is property located in wetlands and/or floodplain? **YES / NO**
No building permit may be issued if in a flood plain without DEQ* and/or DNR* approval.
- _____ 12. **OTHER PERMITS EVENTUALLY NECESSARY:**
____ Electrical ____ Mechanical ____ Plumbing ____ Sign
Applicant or 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

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