

Important Notice

For Building Permit Applicants

The following procedures are in place for the issuance of building permits and will need to be completed and returned to: PROFESSIONAL CODE INSPECTIONS (PCI), located at: 1575 142nd AVE, DORR, MI.

1. **An application for building permit must be completed in its entirety.** Applicant should take particular note of Section 12 of the application regarding the site or plot plan. In addition to indicating the location of the building and the plot itself, applicant must add the setbacks for front, side and back yards as proposed on their application. **Any questions, please call PCI at 616-877-2000.**
2. The completed application, along with **two (2)** copies of the building plans and (if needed) a copy of the Septic/Sewer and Well Permits must be returned to Professional Code Inspections (PCI), located at 1575 142nd Ave., Dorr, MI 49323. PCI business hours are: 8 am to 5 pm., Monday thru Friday.
3. Upon receipt of the application and the plans, the PCI Zoning Administrator will review and insure that the plan complies with the terms and requirements of the Zoning Ordinances.
4. After review of the plans and the calculation of the building permit fee, PCI will contact the applicant, notifying them that the permit is ready for pickup. (Please make sure the daytime phone numbers of the applicant are correct on the front of the building permit application form.)
5. The completed building permit must be picked up and paid for at the PCI office located at 1575 142nd Ave., Dorr, MI 49323. Permits for Electrical, Mechanical and Plumbing are ordered from the PCI office. Checks must be made out to "Leighton Township".

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1575 142nd Avenue Dorr, MI 49323 (616) 877-2000	Jurisdiction: LEIGHTON TOWNSHIP 4451 12th St., Suite A Wayland MI 49348	Fax #: 877-4455 Watts #: 1-800-628-3335
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•• APPLICATION FOR BUILDING PERMIT ••

1.) LOCATION OF BUILDING			
ADDRESS _____			
CITY/VILLAGE _____	TOWNSHIP _____	COUNTY _____	ZIP CODE _____
BETWEEN (cross street) _____		AND (cross street) _____	
a. IDENTIFICATION: OWNER OR LESSEE			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

2.) CONTRACTOR		NOT APPLICABLE COMMERCIAL <input type="checkbox"/>	
NAME _____		TELEPHONE NO. _____	FAX NO. _____
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
BUILDERS LICENSE NO. _____		EXPIRATION DATE _____	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	
WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____		SELF EMPLOYED <input type="checkbox"/> NO EMPLOYEES <input type="checkbox"/>	

3.) SUB-CONTRACTORS:
(a) ELECTRIC: _____ TELEPHONE NO. _____ ADDRESS: _____
(b) HEATING/AC: _____ TELEPHONE NO. _____ ADDRESS: _____
(c) PLUMBING: _____ TELEPHONE NO. _____ ADDRESS: _____

4.) PROJECT DESCRIPTION: COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>
(a) <input type="checkbox"/> NEW BUILDING (b) <input type="checkbox"/> ADDITION (c) <input type="checkbox"/> ALTERATION (d) <input type="checkbox"/> DEMOLITION (e) <input type="checkbox"/> RELOCATION of BUILDING <input type="checkbox"/> SIGN
<input type="checkbox"/> DET. GAR <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> POLE BARN <input type="checkbox"/> MODULAR <input type="checkbox"/> MOBILE HOME (include year) _____
(a) <input type="checkbox"/> SINGLE FAMILY (b) <input type="checkbox"/> TWO FAMILY (c) <input type="checkbox"/> MULTI-FAMILY (d) <input type="checkbox"/> ATTACHED GARAGE/CARPORT (e) <input type="checkbox"/> ACCESSORY STRUCTURE
BRIEF DESCRIPTION OF PROJECT: _____ _____ _____

5.) BUILDING DIMENSIONS
WIDTH _____ Ft. x LENGTH _____ Ft. x HEIGHT _____ TOTAL SQ. Ft. _____ NUMBER OF STORIES _____
Square Footage by Floor: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____ Porch/Deck _____

6.) IS ANY PART OF THE PROPOSED PROJECT WITHIN THE 100 YEAR FLOOD PLAIN? YES: NO:
 IS ANY PART OF THE PROPOSED PROJECT LOCATED IN A REGULATED WETLAND? YES: NO:

7.) IS THE EXCAVATED AREA LARGER THAN ONE ACRE, WITHIN 500 FT. OF A LAKE, RIVER, STREAM OR COUNTY DRAIN? YES: NO:

8.) PROJECT VALUATION \$ _____ (Include labor, exclude lot value.)

9.) APPLICANT INFORMATION:
 Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
FEDERAL I.D. NO./SOCIAL SECURITY NO.			

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 authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

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 sections 23a are subjected to civil fines.

SIGNATURE OF APPLICANT	APPLICATION DATE
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10.) HOMEOWNER'S AFFIDAVIT:
 I hereby certify the construction work described on this permit application will be installed by myself in my own single-family dwelling in which I am living or about to occupy. All work will be installed in accordance with the building code adopted by The Municipality, and will not be enclosed, covered up, or put into use until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume responsibility to arrange for the necessary inspections.

SIGNED: _____ DATE _____

11.) LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SEWER OR SEPTIC	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Notes and Date - For Department Use: _____

VALIDATION

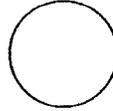
BUILDING PERMIT NUMBER:	APPROVED BY: SIGNATURE _____ TITLE _____
ISSUE DATE:	
PERMIT FEE:	

ZONING: Site Plan: (Please read carefully and complete)

Using the space provided, or on a separate sheet of paper, draw a diagram showing all of the following items:

1. The dimensions of the lot or acreage (all sides).
2. The location, with distances to lot lines, of all existing and proposed structures.
3. The dimensions of all existing and proposed structures.
4. The distances between all existing structures.
5. The location of all roads bordering or on the property.
6. The location of any power and gas lines on the property.
7. The location of any lakes, rivers, streams, flood plain areas, or wetlands on or near the property.
8. The location of any easements on the property.

12.) SITE OR PLOT PLAN – FOR APPLICANT USE
Indicate direction of North within the circle



(Attach Additional Sheet
If Necessary.)

13.) PERMANENT PARCEL #: _____

14.) BUILDING SETBACKS (Front setback, as measured in feet, from the road right of way.)

FRONT: _____ SIDE: _____ SIDE: _____ REAR: _____

15). Are there any houses or mobile homes, occupied or not, on this property at this time? ____ yes ____ no
If yes, what are your immediate and future plans for the existing dwelling? _____

I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF LOCAL ORDINANCES REGARDING SIDE YARDS AND BUILDING SETBACKS. IT IS ALSO UNDERSTOOD THAT ALL STRUCTURAL, ELECTRICAL, PLUMBING, HEATING, DRIVE APPROACHES, AND SIDEWALKS SHALL BE INSTALLED TO BOTH STATE AND LOCAL REQUIREMENTS, AND THAT A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED PRIOR TO OPERATION OR USE.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

APPLICATION REVIEWED BY: _____ DATE: _____
 APPROVED DENIED

Minimum Setbacks Required: Front: _____ 1 Side: _____ 2 Sides: _____ Rear: _____
