

ALMONT TOWNSHIP BUILDING DEPARTMENT

819 Main Street

Almont, MI 48003

Phone 810-798-8521/Fax 810-798-7097

www.almonttownship.org

BUILDING PERMIT SUBMISSION REQUIREMENTS

The following is a list of documents/permits to present to the Almont Township/Village Building Department along with a completed building application for construction of or alterations to a single family dwelling in Agricultural/Residential, R-1 (A) and R-1B Zoned Districts.

1. FOR TOWNSHIP PROPERTIES:
SEWAGE DISPOSAL PERMIT: Issued by
Lapeer County Health Department
1800 Imlay City Road, Lapeer, MI 48446-3206
(810-667-0391)

2. FOR TOWNSHIP PROPERTIES:
WELL PERMIT: Issued by
Lapeer County Health Department
1800 Imlay City Road, Lapeer, MI 48446-3206
(810-667-0391)

3. FOR TOWNSHIP PROPERTIES:
DRIVEWAY PERMIT: Issued by
Lapeer County Road Commission
820 Davis Lake Road, Lapeer, MI 48446
(810-664-6272)

4. SOIL EROSION PERMIT: Issued by
Lapeer County Soil Erosion & Sedimentation Control
255 Clay Street, Lapeer, MI 48446
(810-245-4753)

5. Recorded copy of Land Survey and Legal Description of the property.

6. If applicable, a copy of Almont Township's approval of Land Division.

7. A Tax I.D. Number, as assigned by the Almont Township Assessor.

8. A recorded copy showing proof of an applicant's ownership.

9. Construction documents shall be of sufficient clarity to indicate the location, nature, and extent of work proposed and show in detail that it will conform to the provisions of the code and relevant laws, ordinances, rules, and regulations, as determined by the building official.

THREE (3) Scale Drawings of the proposed structure showing the following:

- a) Floor plans (all levels)
 - b) Elevations
 - c) Detailed cross sections
 - d) Foundation details
 - e) Footing details
 - f) Engineering prints for all engineered wood products such as but not limited to: Roof Trusses
Floor Trusses
I-Joist
Laminated-Beams, Etc.
 - g) Engineering details for all wood foundations
 - h) Fireplace cross-sections for all natural fireplaces
 - i) Energy Calculations sufficient to ensure compliance with the State Energy code. (See enclosed form.)
10. Addressing application must be completed for all newly create parcels. DTE Energy will not install service unless an address has been assigned to the property.
11. Plot plan application must be completed for all newly constructed residential dwellings. Please refer to application for full detailed instructions.
12. Building permit application completed, signed and dated by applicant.

Please allow at least 10-15 business days for review of plans and property documents by the Building Administrator/Building Inspector and/or Village Engineer. Fees for the Plan Review, Address Application and for Plot Plan Review shall be paid in full when submitted. Water/Sewer hook-up fees, Building Permit and Zoning Permit fees shall be paid prior to building and/or trade permits being issued.

When applicable, separate plumbing, mechanical, and electrical plans may be required along with the building plans.

JOSEPH E. ISRAEL

Building Official, Building Administrator, Plan Reviewer, and Building Inspector
(810-798-8521, ext. 206)

TIM ISRAEL

Plumbing & Mechanical Inspector and Plan Reviewer (810-798-8521, ext. 206)

BRAD BLETCH

Electrical Inspector (810-798-8521, ext. 206)

Ida L. Lloyd

Almont Twp. Zoning Administrator/Administrative Permit Clerk
(810-798-8521, ext. 206)

Adopted 12/2006

Amended 8/7/17

Filed Under Building permit submission requirements.doc

ALMONT TOWNSHIP BUILDING DEPARTMENT
BUILDING APPLICATION
 ALMONT, MICHIGAN 48003
 PHONE 810-798-8521/Fax 810-798-7097
www.almonttownship.org

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1. LOCATION OF BUILDING			
ADDRESS			
BETWEEN:		AND	
PROPERTY TAX IDENTIFICATION NUMBER:			
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME:		TELEPHONE NO.	
ADDRESS	CITY:	STATE:	ZIP:
B. ARCHITECT OR ENGINEER			
NAME:		TELEPHONE NO.	
ADDRESS:	CITY:	STATE:	ZIP:
LICENSE NO.		EXPIRATION DATE	
C. CONTRACTOR			
NAME			
TELEPHONE:		CELL:	FAX :
ADDRESS:	CITY:	STATE:	ZIP:
BUILDERS LICENSE NO. :		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		2. <input type="checkbox"/> ADDITION	
3. <input type="checkbox"/> ALTERATION		4. <input type="checkbox"/> REPAIR	
5. <input type="checkbox"/> WRECKING		6. <input type="checkbox"/> PRE-MANUFACTURED HOME	
7. <input type="checkbox"/> FOUNDATION ONLY		8. <input type="checkbox"/> RELOCATION	
B. ESTIMATED COST OF CONSTRUCTION: \$			
C. REVIEW(S) TO BE PREFORMED			
<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> ENERGY			
Amended 08/02/2017		Effective 08/02/2017	
Filed under building permit submission requirements.doc			

PAGE TWO – Almont Township Building Application		
A. RESIDENTIAL (For “wrecking” show most recent use)		
<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO OR MORE FAMILY – Number of units _____		
<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE/ACCESSORY BLDG.		
<input type="checkbox"/> HOTEL, MOTEL – Number of units _____ <input type="checkbox"/> OTHER		
B. NON-RESIDENTIAL (For “wrecking” show most recent use)		
<input type="checkbox"/> Amusement <input type="checkbox"/> Church <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> PARKING GARAGE		
<input type="checkbox"/> SERVICE STATION <input type="checkbox"/> HOSPITAL, INSTITUTIONAL <input type="checkbox"/> OFFICE, BANK PROFESSIONAL		
<input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL <input type="checkbox"/> STORE, MERCANTILE		
<input type="checkbox"/> TANKS, TOWERS		
NON-RESIDENTIAL – Describe in detail proposed use of building, e.g. Food processing plant, machine shop, laundry building at hospital elementary school, secondary school, 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 new use.		
IV. SELECTED CHARACTERISTICS OF BUILDING		
A. PRINCIPAL TYPE OF FRAME		
<input checked="" type="checkbox"/> MASONRY, WALL BEARING <input checked="" type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURED STEEL		
<input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER		
B. PRINCIPAL TYPE OF HEATING FUEL		
<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
C. TYPE OF SEWAGE DISPOSAL		
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY		
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY <input type="checkbox"/> PRIVATE WELL OR CISTERN		
E. TYPE OF MECHANICAL		
<input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> ELEVATOR <input type="checkbox"/> SOLAR/WIND ENERGY CONVERSION SYSTEM		
F. DIMENSIONS		
OVERALL DIMENSIONS W _____ (X) L _____ (X) H _____		
NUMBER OF STORIES _____ FLOOR AREA (1 ST & 2 ND) _____		
3 RD -10 TH FLOOR _____ 11 TH FLOOR & ABOVE _____		
TOTAL AREA (SQ. FEET) _____ TOTAL LAND AREA _____		
G. OFF STREET PARKING		
ENCLOSED _____ EXTERIOR _____		
Almont Twp. Bldg. Dept. Amended 08/02/2017 Effective 08/02/2017		

V. 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	
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 and building codes 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, PA230, 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 residential structure. Violators of section 23a are subject to civil fines.				
Signature of Applicant		Application Date		
VI. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION				
Environmental Control Approvals				
	Required	Approved	Date	Permit No.
A. Zoning Permit	Yes No			
B. Plot Plan Approval	Yes No			
C. Soil Erosion (County)	Yes No			
D. Soil Erosion (State)	Yes No			
E. Flood Zone (State)	Yes No			
F. Water Supply (County)	Yes No			
G. Sewer System (County)	Yes No			
H. Driveway Permit (County/State)	Yes No			
I. Variance Granted	Yes No			
VII. VALIDATION				
Building Permit No.:		Building Type:		
Issued Date:		Building Use:		
Zoning Permit Fee: \$		Application Reviewed by:		
Building Permit Fee: \$				
Address Fee: \$		Building Application Approved by:		
Plan Review Fee: \$				
Plot Plan Review Fee: \$		Building Administrator/Inspector/Plan Review		
Administration Fee: \$ 70.00				
License Registration:		Paid On:		
Total Fee Amount		Cash/Check No.:		
Almont Twp. Bldg. Dept.		Amended 8/2/2017		Effective 8/02/2017

VIII. SITE OR PLOT PLAN – For Applicant Use

Indicate direction of **North**

FACTORS TO CONSIDER WHEN SUBMITTING A PLOT PLAN. ALL UTILITIES MUST BE SHOWN ON THE PLOT PLAN.

- 1. Are there any overhead or underground wires on site? Yes No
- 2. Will any footings be trenched near poles, guy wires, or anchors? Yes No
- 3. Will any wells be drilled under or near overhead wires? Yes No
- 4. Will any structures be built under or near over wires? Yes No
- 5. Will any antenna, communication satellite dish, or tower be erected on the property which would be in conflict with power lines in a standing or free fall situation? Yes No
- 6. Will any trees be cut which are in proximity of overhead wires? Yes No

7. Owner or contractor could have personal liability in the event of injury or fatality on construction close to DTE Energy (Edison) lines.

8. Owner or contractor should contact MISS DIG (1-800-482-7171) before excavating.

9. Normal lead time required to relocate DTE Energy (Edison) facilities, or provide a line extension is six (6) weeks after all right-of-way or other agreements and any payments have been finalized with the property owner.

Name: _____

Job Site: _____

IT IS THE APPLICANTS RESPONSIBILITY TO VERIFY AND SHOW ANY AND ALL PRIVATE OR PUBLIC EASEMENTS FOR UTILITIES. BUILDING OFFICIAL AND/OR ZONING OFFICIAL UPON REQUEST MAY PERFORM A PRELIMINARY INSPECTION OF THE SITE TO VERIFY EXISTING CONDITIONS PURSUANT TO CODE SECTION 105.9 OF THE MICHIGAN RESIDENTIAL CODE.

Plot Plans

A plot plan assists the Zoning Administrator and Building Official to ensure that the proposed project complies with the zoning ordinances and building codes as adopted by the Village of Almont and the Township of Almont.

Please also note that the applicant must also contact DTE Energy to ensure safety and electrical reliability and compliance of electrical codes most specifically the National Electrical Safety Code. Beginning January 1, 2017, DTE will delay energizing structures with clearance violations until such violations are addressed. Addressing potential clearance violations prior to submitting plans to the Building Department may reduce or omit any unforeseen delays from either DTE Energy or from the Building Department.

The Northeast Planning Design office is located at:

1100 Clark Road, Lapeer, Michigan 48446.

Office phone: 810-667-7900

email: NEPD@dteenergy.com.

Please review the following items and ensure they are on the plot plan

- Shape and dimensions of the lot
- North Arrow
- All setbacks (front, rear, and sides)
- Shape, size and location of all existing buildings on the lot
- Shape, size and location of what you propose to construct, alter, or move.
- Note distances between any existing accessory or main structures on said property also noting distances between all structures and lot lines with the proposed new structure(s).
- Note all natural features (trees, ponds, streams, etc.) on the site and their distances to the building project location.
- Location and dimensions of all easements, include street right-of-way locations which shall be labeled with street name.
- Location of all utilities (electrical, gas, etc.) and whether they are overhead or underground.
- The number of dwellings units (i.e.: apartments, condo units, etc.) the proposed new structure will accommodate
- Sign location (existing and proposed)
- Parking area and number of parking spaces (for residential-multiple, commercial and industrial zoning properties only) **Ag/Res, R-1 or R-2 do not required such information other than location of garage and driveway.**

The plan must be legible and to scale whenever possible. It is the responsibility of the applicant to ensure that the information presented on the plot plan is clear, correct, complete and in accordance with all ordinances within the jurisdiction the structure is proposed. If the plot plan is not complete the Zoning Administrator and/or Building Official may request additional information in order to ensure compliance with all pertinent and current ordinances, laws, building codes, etc.

IF THE APPLICANT HAS ANY QUESTIONS PLEASE CONTACT THE TOWNSHIP ZONING ADMINISTRATOR OR BUILDING OFFICIAL AT 810-798-8521, EXT 206 MONDAY THRU FRIDAY FROM 8AM TO 1PM.

Applicant's Signature: _____

Date Signed: _____

Date Received by Building Department: _____

Energy Code Compliance Form

This form must be completed and submitted with the plans for all 1 & 2 family residences. These homes must be in compliance with the Michigan Energy Code, current edition.

Prescriptive Method - Page 1 of 2

Building Component _____	Minimum Required
Walls (top of wall to top of foundation, including rim joist)	Insulation R Value
	R-21

Window and door area (Fenestration openings)
 Calculate % of windows and doors compared to total all area:

A. Total wall area = _____ sq. ft.
 (top of wall to finish grade)

B. Total window & door area = _____ sq. ft.

Total (A) _____ divided by Total (B) _____ = _____ %

For 0 to 15% use _____ Circle one: _____
 For 16 to 20 % use **R2.85 windows**

If over 20%, Prescriptive method cannot be used

Roof/Ceiling insulation:
 Calculate % of skylight openings compared to total roof /ceiling area:

A. Total roof/ceiling = _____ sq. ft.

B. Total skylight area = _____ sq. ft.

Total (A) _____ divided by Total (B) _____ = _____ %

For 0 to 10%, use 49 insulation roof area **R-49 roof**

Floors or unconditioned spaces & outdoor overhangs	R-21 floors
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Slab-on-grade floors, frost wall and floor thermo break:	
Non-heated space	R-11
Heated space	R-10
Crawl space – walls	R-20
Finished lower level walls	R-21

Energy Code Compliance Form
Prescriptive Method – Page 2 of 2

Exposed basement walls (more than 7% of gross wall)	R-10
A. Total non-heated exposed wall	= _____ sq. ft.
B. Total exposed wall area of house	= _____ sq. ft.
Total (A) _____ divided by Total (B) _____ x 100 = _____ % of non-insulated wall (to be less than 7%)	

_____ Print (Applicant's Name)	_____ Applicant's Signature			
_____ Date Submitted	_____ Project Street Address			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____ City</td> <td style="width: 33%; border: none;">_____ State</td> <td style="width: 33%; border: none;">_____ Zip</td> </tr> </table>	_____ City	_____ State	_____ Zip
_____ City	_____ State	_____ Zip		

Office Use Only	
_____ Plan Review No.	_____ Building Permit No.
_____ Building Officials Signature	_____ Date Approved

Attention Building Permit Holders

Pursuant to the Michigan Uniform energy Code, adopted December 8, 2008, your project will require the following:

N1101.3.1The thermal resistance (**R-value**) shall be indicated on an all insulation and the insulation installed such that the R-value can be verified during inspection, or a certification of the installed R-value shall be provided at the job site by the insulation installer. Where blown-in or sprayed insulation is applied in walls, the installer shall provide a certification of the installed density and R-value.

Where blown-in or sprayed insulation is applied in the roof-ceiling assembly, the installer shall provide a certification of the initial installed thickness, settled thickness, coverage area and number of bags of insulating material installed. Marker shall be provided for every 300 square feet (28m2) of attic area, attached to the trusses, rafters, or joist and indicate in 1-inch-high (25.4mm) numbers the installed thickness of the insulation.

This information shall be submitted to the Almont Township Building Department prior to the scheduling of a final inspection and issuance of a Certificate of Occupancy.

