

# ALMONT TOWNSHIP BUILDING DEPARTMENT

819 Main Street

Almont, MI 48003

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

[www.almonttownship.org](http://www.almonttownship.org)

## BUILDING PERMIT SUBMISSION REQUIREMENTS

The following is a list of documents/permits to present to the Almont Township 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  
1800 Imlay City Road, 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. Fees for the Plan Review, Address Application and for Plot Plan Review shall be paid in full when submitted. 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. 206/7)

TIM ISRAEL

Plumbing & Mechanical Inspector and Plan Reviewer (810-798-8521, ext. 206/7)

BRAD BLETCH

Electrical Inspector (810-798-8521, ext. 206/7)

Ida L. Lloyd

Almont Twp. Zoning Administrator/Administrative Permit Clerk  
(810-798-8521, ext. 207) Email: [illoyd@almonttownship.org](mailto:illoyd@almonttownship.org)

**ALMONT TOWNSHIP BUILDING DEPARTMENT**  
**BUILDING APPLICATION**  
**ALMONT, MICHIGAN 48003**  
**PHONE 810-798-8521/Fax 810-798-7097**  
[www.almonttownship.org](http://www.almonttownship.org)

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<b>I. LOCATION OF BUILDING</b>			
ADDRESS			
BETWEEN:		AND	
PROPERTY TAX IDENTIFICATION NUMBER:			
<b>II. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE</b>			
NAME:		TELEPHONE NO.	
EMAIL:			
ADDRESS	CITY:	STATE:	ZIP:
<b>B. ARCHITECT OR ENGINEER</b>			
NAME:		TELEPHONE NO.	
ADDRESS:	CITY:	STATE:	ZIP:
LICENSE NO.		EXPIRATION DATE	
<b>C. CONTRACTOR</b>			
NAME			
TELEPHONE:	CELL:	FAX :	
EMAIL:			
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			
<b>III TYPE OF IMPROVEMENT AND PLAN REVIEW</b>			
<b>A. TYPE OF IMPROVEMENT</b>			
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>B. ESTIMATED COST OF CONSTRUCTION: \$</b>			
<b>C. REVIEW(S) TO BE PREFORMED</b>			
<input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> ENERGY			

<b>PAGE TWO – Almont Township Building Application</b>		
<b>A. RESIDENTIAL (For “wrecking” show most recent use)</b>		
[ ] ONE FAMILY [ ] TWO OR MORE FAMILY – Number of units _____		
[ ] ATTACHED GARAGE [ ] DETACHED GARAGE/ACCESSORY BLDG.		
[ ] HOTEL, MOTEL – Number of units _____ [ ] OTHER		
<b>B. NON-RESIDENTIAL (For “wrecking” show most recent use)</b>		
[ ] Amusement [ ] Church [ ] INDUSTRIAL [ ] PARKING GARAGE		
[ ] SERVICE STATION [ ] HOSPITAL, INSTITUTIONAL [ ] OFFICE, BANK PROFESSIONAL		
[ ] PUBLIC UTILITY [ ] SCHOOL, LIBRARY, EDUCATIONAL [ ] STORE, MERCANTILE		
[ ] 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.		
<b>IV. SELECTED CHARACTERISTICS OF BUILDING</b>		
<b>A. PRINCIPAL TYPE OF FRAME</b>		
[ ] MASONRY, WALL BEARING [ ] WOOD FRAME [ ] STRUCTURED STEEL		
[ ] REINFORCED CONCRETE [ ] OTHER		
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>		
[ ] GAS [ ] OIL [ ] ELECTRICITY [ ] COAL [ ] WOOD [ ] OTHER		
<b>C. TYPE OF SEWAGE DISPOSAL</b>		
[ ] PUBLIC OR PRIVATE COMPANY [ ] SEPTIC SYSTEM		
<b>D. TYPE OF WATER SUPPLY</b>		
[ ] PUBLIC OR PRIVATE COMPANY [ ] PRIVATE WELL OR CISTERN		
<b>E. TYPE OF MECHANICAL</b>		
[ ] AIR CONDITIONING [ ] ELEVATOR [ ] SOLAR/WIND ENERGY CONVERSION SYSTEM		
<b>F. DIMENSIONS</b>		
OVERALL DIMENSIONS W _____ (X) L _____ (X) H _____		
NUMBER OF STORIES _____ FLOOR AREA (1 <sup>ST</sup> & 2 <sup>ND</sup> ) _____		
3 <sup>RD</sup> -10 <sup>TH</sup> FLOOR _____ 11 <sup>TH</sup> FLOOR & ABOVE _____		
TOTAL AREA (SQ. FEET) _____ TOTAL LAND AREA _____		
<b>G. OFF STREET PARKING</b>		
ENCLOSED _____ EXTERIOR _____		
Almont Twp. Bldg. Dept. Amended 05/02/2024 Effective 05/02/2024		

**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

**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.**

**I, \_\_\_\_\_ (name) \_\_\_\_\_ (title) attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 12.1510(2)**

**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.:

**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](mailto: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 unites (i.e.: apartments, condo unites, 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 require 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
	<b>R-21</b>

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	<b>R-21 floors</b>
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Slab-on-grade floors, frost wall and floor thermo break:	
Non-heated space	<b>R-11</b>
Heated space	<b>R-10</b>
Crawl space – walls	<b>R-20</b>
Finished lower level walls	<b>R-21</b>

Energy Code Compliance Form  
Prescriptive Method – Page 2 of 2

Exposed basement walls (more than 7% of gross wall)	<b>R-10</b>
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
_____	_____
_____	City State Zip

<b>Office Use Only</b>	
_____	_____
<b>Plan Review No.</b>	<b>Building Permit No.</b>
_____	_____
<b>Building Officials Signature</b>	<b>Date Approved</b>

### 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 (28m<sup>2</sup>) 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.

