

ACCESSORY BUILDING PERMIT

AGS Building Department
 8721 Gull Road Suite B
 Richland, Mi 49083
 Phone: (269) 629-0600
 Toll Free: (800) 627-2801
 Fax: (269) 629-0601

Date / /

Permit # _____
 Accessory/detached structures and demolition

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 & foundation | <input type="checkbox"/> metal exterior |
| <input type="checkbox"/> Sq. ft. demolition | <input type="checkbox"/> aluminum/vinyl exterior |
| <input type="checkbox"/> Lineal ft. fence | <input type="checkbox"/> brick exterior |
| _____ Type of fence | <input type="checkbox"/> block exterior |
| _____ Height of fence | <input type="checkbox"/> wood exterior |
| <input type="checkbox"/> Other _____ | <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: _____ <div style="text-align: center;">Building Official</div>
Make checks payable to: Jurisdiction

Contractor		Phone	
E-mail address		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

ACCESSORY BUILDING PERMIT SECOND PAGE
LOT DIAGRAM

Owner: _____ Job Address: _____

Address: _____

Tax I.D.: _____

- | | | |
|------------------------------|---|--|
| (1) Draw lot lines in feet | (4) Draw proposed construction | (7) Draw lakes, streams, and wet lands within 500 feet |
| (2) Label street | (5) Show dimensions of all buildings | (8) Contractor/owner will stake 2 adjacent lot lines |
| (3) Draw existing structures | (6) Show distance from all sides of building to sidelines | |

Signature of Applicant/Agent _____

Date _____

RESIDENTIAL / ACCESSORY 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. **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** – wall section, foundation plan, and floor plan required on all applications.. Three (3) complete sets of drawings are required with all permit applications (2 sets, Parchment, Marengo.)
- _____ 4. **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.**
- _____ 5. **PROPERTY TAX I.D. NUMBER**
- _____ 6. 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.
- _____ 7. Is property located in wetlands or floodplain? **YES / NO**
No building permit may be issues if in a flood plain without DEQ* approval.
- _____ 8. **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.

BUILDING DEPARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, Monday through Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering system operates 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, 49083; or by FAX at 269-629-0601.

Signed: _____ Date: _____

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3/14/08 CC

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.