

RES

LOCKE TOWNSHIP BUILDING AND ZONING

BUILDING INSPECTIONS

Associated Government Services Inc
Nick Keck, Certified Building Insp
8721 Gull Rd, Suite B
Richland MI 49083
1 800 627-2801 or 269 629-0600
Fax 269 629-0601

APPLICATIONS & LAND USE

Locke Township Hall
Julie A. Moore, Locke Twp Zon Adm
3805 Bell Oak Road
Williamston MI 48895
517 468-3405 fax 517 468-0105
office hours Tues & Thurs 10 am – 4 pm

MINIMUM REQUIREMENTS FOR A BUILDING PERMIT

- 1. Description of the work.
- 2. Lot diagram/scaled site plan.
- 3. Blue Prints or Drawings-wall section, foundation plan, floor plan required (2 sets)
- 4. Proof of Ownership-copy of deed, title insurance, tax statement or assessment notice
- 5. Property Tax I D Number.
- 6. Signature of property owner or authorized agent (**on back of building permit app.**)
- 7. Land Use Permit required for any new structure, addition or change in use.
The fees for the building permit are determined by the Building Official.
- 8. MI Uniform Energy Code Compliance

CONTRACTOR INFORMATION TO BE SUBMITTED:

- Builders License Number and 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

ADDITIONAL COUNTY OR STATE REQUIREMENTS:

- Driveway Permit Ingham County Road Dept 517 676-9722 ext.0
- Well & Septic Permit Ingham Co Health Dept, Doug Franks 517 887-4312
 - Sewage & Water Systems Evaluation
- Soil Erosion Permit Ingham County Drain Comm, Jason Lynn 517 676-8395
- Flood Plain DEQ 517 373-1170
- Electrical Permit Associated Government Services Inc 800 627-2801
- Mechanical Permit Associated Government Services Inc 800 627-2801
- Plumbing Permit Associated Government Services Inc 800 627-2801

RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections, obtain and submit separate applications for any building, electrical, plumbing or mechanical permit.

Please call inspection requests to 1 800 627-2801 by 3:30 PM for a next day inspection.

Applicant Signature _____ Date _____



BUILDING DEPARTMENT

Locke Township
3805 Bell Oak RD
Williamston, MI
48895
269-629-0600
EXT. 0

Date: _____/_____/_____

Permit # _____

Job Address: _____ Property Tax ID: _____ Total Cost: \$ _____
Zoning District: (office use) _____ Owner: _____
Use Group (Office use) _____ Phone () _____
Type Const: (Office use) _____ Address: _____
Basic Dimensions: _____ ft. x _____ ft. Contractor: _____
No. Floors: _____ Phone() _____ By _____
Building Official

Residential Commercial Deck New Building Re-Roofing
Manufactured Homes Addition Alteration Attached Garage Siding
Accessory Bldg. Swimming Pool Foundation Only Fence over 7ft tall Demolition
Other _____
_____ Sq Ft Accessory Bldg. _____ Sq Ft main floor _____ Sq Ft second floor _____ Sq Ft fin. basement
_____ Sq Ft Attached Garage _____ Sq Ft unfinished basement _____ Roof Height
(attached garage requires fire separation)

Construction documents must be sealed by an architect engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.
Engineer/Architect: _____ Phone (_____) _____
Address: _____

Applicant is responsible for the payment of all fees an charges applicable to this application and must provide the following information

Name Phone Number ()
E-mail address Cell Phone Number ()
Address: City, State, Zip Code
Federal ID/Social Security No. MESC Employer No.
License No. Exp Date Worker's Compensation Carrier
If exempt from any of the above, explain here:

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 section 23a are subjected 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, and 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 125.1510(2).

SIGNATURE DATE

BUILDING PERMIT

SECOND PAGE

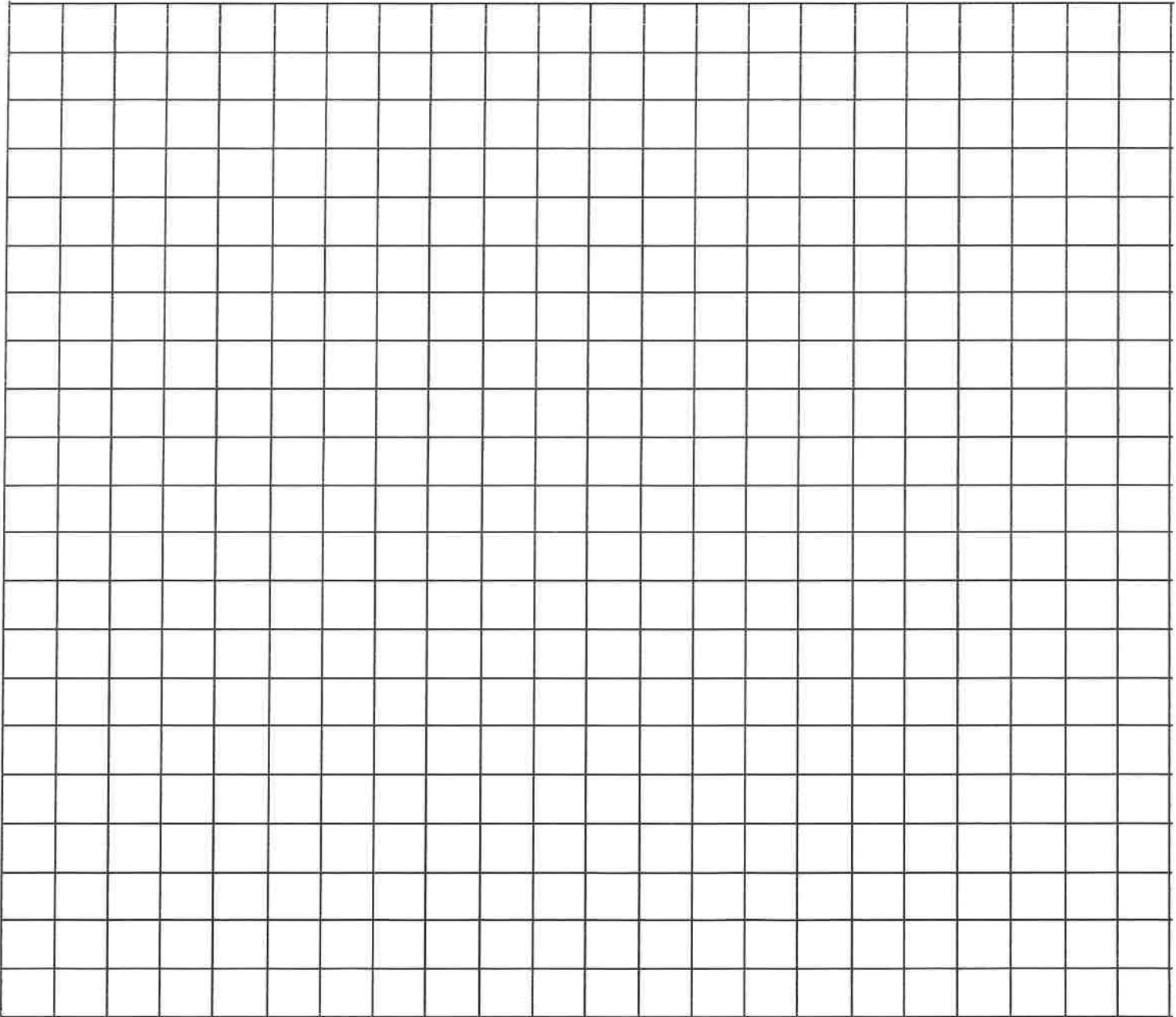
LOT DIAGRAM

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
- (9) Any Easements



Signature: _____ Date: _____

CHECKLISTS

Must be completed and returned with permit application before the permit can be issued.

Residential Construction

- ___ Completed Building Permit Application
- ___ 3 Full Sets of Plans (plus 1 Digital Set)
- ___ Energy Compliance Worksheet
- ___ Site Plan / Lot Diagram
- ___ Driveway Permit
- ___ Water & Sewer or Well & Septic Permit
- ___ Soil Erosion Permit if within 500 feet of water
- ___ Proof of Ownership
- ___ Zoning Approval
- ___ Is property located in wetlands, floodplain, or critical dune area? YES/NO

No building permit may be issued if in a flood plain without EGLE and/or DNR* Approval.

Commercial Construction

- ___ Completed Building Permit Application
- ___ 3 Sets of Plans (plus 1 Digital Set)
(MUST BE SEALED BY DESIGN PROFESSIONAL)
- ___ Energy Compliance Worksheet
- ___ Site Plan / Lot Diagram
- ___ Driveway Permit
- ___ Water & Sewer or Well & Septic Permit
- ___ Soil Erosion Permit if within 500 feet of water
- ___ Proof of Ownership
- ___ Zoning Approval
- ___ Is property located in wetlands, floodplain, or critical dune area? YES/NO
- No building permit may be issued if in a flood plain without EGLE and/or DNR* Approval.

Please complete the secondary list below that applies to the project.

Foundation Only

- ___ Foundation Plan

Deck

- ___ Floor Plan
- ___ Elevation (Side View)
- ___ Cross Section (Footing to Top of Structure)
- ___ Connection Detail (Post to Girder)

Detached Garage/Accessory Structure

- ___ Completed Trade Permit Application (if applicable)
- ___ Exterior Elevation
- ___ Floor Plan
- ___ Cross Section
- ___ Engineered Truss Diagram

Fence – Over 7ft Tall.

- ___ Completed Building Permit Application
- ___ Details that include Footings and fence construction.

Manufactured Home

HUD Approved

- ___ HUD approved installation instructions.

State approved.

- ___ (a) A statement that the work to be performed under the permit is to include the installation of a certified premanufactured unit or building component in accordance with the provisions of the act which statement shall be signed by the applicant or his agent, with an appropriate address.
- ___ (b) A copy of the approved building system with respect to which the premanufactured unit or building component was manufactured or is to be manufactured if one has not been furnished to that local enforcement agency previously.
- ___ (c) A copy of the building system approval report, where it has not been furnished to that local enforcement agency previously.

Roof Repair

- ___ Drawings of Work to be Performed that includes but not limited to: Roof covering materials, Number of layers, Decking, Roof venting, Flashing, other structural / construction, ETC.

Swimming Pools

- ___ Completed Electrical Permit Application
- ___ Completed Mechanical Permit Application (If Heated)
- ___ Site Plan (With Barriers)
- ___ Cross Section
- ___ Alarms (If Applicable)
- ___ Indicated Type of Pool
- ___ Bonding Requirements

Solar Panels

- ___ Drawings For Ground and Roof Mounted Systems
- ___ Completed Electrical Permit Application
- ___ Manufacturer's Specs (Installation Instructions)
- ___ Utility Inter- Connection Agreement

Signs

- ___ Completed Electrical Permit Application (If illuminated)
- ___ Foundation (Free Standing Signs or Monuments)
- ___ Drawings With Sufficient Details for a Plan Review

Demo

- ___ Proof Of Disconnects All Utilities
- ___ Regulated/controlled materials (i.e., contaminated materials, asbestos, underground storage tanks, etc.) are present on site. YES/NO
If YES, appropriate authorities must be contracted, and material disposed properly.

*** Blueprints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Including wall sections/cross-sections drawings showing material dimensions and specifications from footing to rafters, as well as floor plan indicating all room dimension, window, door, and stair openings. All structures containing Pre -manufacturer members (roof trusses, laminated beams, etc.) require sealed drawings from manufacturer, forward to our office at time of delivery.**

Print: _____ **Date:** _____

Signature: _____

Locke Township

Ingham County, Michigan
3805 Bell Oak Road, Williamston, MI, 48895 (517) 468-3405 Fax (517) 468-0105

LAND USE PERMIT APPLICATION for a DWELLING and related accessory uses/structures.

References to "Section" and "Article" refer to the Locke Township Zoning Ordinance. They are provided to assist the applicant. The references highlight parts of the Ordinance that may be applicable but do not necessarily identify all parts that apply.

Important Notice to Applicants: This application must be completed in full and 1 copy submitted to the Zoning Administrator (see #13). All questions must be answered completely. If additional space is needed, number and attach additional sheets. Approval of this application is required before a Land Use Permit can be issued. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Land Use Permit, is a violation of the Zoning Ordinance.

1) APPLICANT:

Name	Street Address	City / State / Zip Code	Telephone #
------	----------------	-------------------------	-------------

2) Applicant's Interest in Property: Owner Lessee Buy Option Other/Specify:

3) Property Address: _____ between _____ and _____ Roads

4) Landowner: Name, address & phone number of landowner if different than "Applicant":

12) This application is made for a:

(check all as appropriate)

	New	Addition or Alteration
--	-----	------------------------

5) Tax Parcel #:

6) Zoning District:

7) Parcel Acreage:

8) Present Use:

9) Is parcel in a: platted subd condo. subd.
If "yes", subd. name:

10) Deed restrictions on parcel: Yes No
If "yes", attach.

11) Names, addresses, phone #s of all other persons or entities having legal or equitable interest in the land:

a) _____

b) _____

13) Supporting Documents:

Plot Plan: Submit at least five copies of both this completed form and a Plot Plan prepared according to Sec. 3.04(B).

Proof of Property Ownership: Attach proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property.

Deed Restrictions: Attach a copy of all deed restrictions applicable to the subject property.

14) AFFIDAVIT: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Land Use Permit applied for, if granted, is issued on the representations made herein and that any Land Use Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

Applicant Signature(s) Date

Property Owner's(s) Signature(s) Date
(if different than applicant)

FOR TOWNSHIP USE ONLY

Application Number: _____

Date Received: _____

Fee Paid	Date	Receipt #
----------	------	-----------

1) _____

2) _____

Tax Parcel Number: _____

Zoning Administrator Action Taken (circle as appropriate)

Approved Approved with Conditions Denied

on the following date: _____

Notes:

RESIDENTIAL ELECTRICAL PERMIT

LOCKE TOWNSHIP
3805 Bell Oak Rd.
Williamston, MI
48895
800-627-2801
800-627-2801 Ext. 201

Date ____ / ____ / ____

LOCKE TOWNSHIP

Permit # : _____

Job Location: _____ Property Tax No: _____

Owner: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Owners Email: _____

Which side of the road: North South East West

Between (closest roads) _____ & _____

Fee Schedule

- Single Inspection \$48.00
- Special/Safety Inspection \$ 48.00
- Addition Remodel \$114.00
(Two inspections)
- Addition Remodel w/Service Upgrade (Three inspections) \$156.00
- New Residence \$156.00
(Three Inspections)

ITEMIZATION	xxx.	No.
Services: Thru 200amp.		
200 amp thru 600 amp		
Circuits		
Lighting Fixtures -- per 25 and fraction of		
Dishwasher, Garbage disposal & range hood		
Furnace -- unit heater		
Electrical heating units (baseboard)		
Power Outlets (including ranges, dryers, ect.)		
Signs -- per circuit		
Feeders		
Data/Telecommunications outlets		

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued. Plans are not required for the following:

- When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area, unless it is determined to be required by the code official.

If work being performed as described above, check box "Plans Not Required." **Plans Not Required**

COST OF PERMIT: \$ _____

Make checks payable to

LOCKE TOWNSHIP

Building Dept. Approval

Description of work:

Additional Notes:

RESIDENTIAL ELECTRICAL PERMIT

Contractor Name		Phone #		Fax #	
Address		City		State	Zip
Federal I.D. No./Social Security No.			MESC Employer No.		
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Master Electrician			Master License No.		Exp. Date
Master electrician Business Address		City		State	Zip
If exempt from any of the above, explain here:			Email: (REQUIRED)		
<p>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</p>					

I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

HOME OWNERS 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/CONTRACTOR'S 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: _____

RESIDENTIAL MECHANICAL PERMIT

LOCKE
TOWNSHIP
3805 Bell Oak Rd.
Williamston, MI
48895
800-627-2801
800-627-2801 Ext.
201

Date ____ / ____ / ____
LOCKE TOWNSHIP

Permit # : _____

Job Location: _____ Property Tax No: _____
Owner: _____ Phone Number: _____
Address: _____ City/State/Zip: _____
Owners Email: _____

Which side of the road: North South East West

Between (closest roads) _____ & _____

Fee Schedule

- Single Inspection \$48.00
- Special/Safety Inspection \$48.00
- Addition Remodel \$114.00 (Two inspections)
- Addition Remodel w/ Underground (Three inspections) \$114.00
- New Residence (Three Inspections) \$114.00

ITEMIZATION	No.	
Gas/Oil burning equipment-- new and or conversion units	xxx.	
Chimney, factory built (Class A)		
Duct System/Hydroponic Piping		
Solar Equipment System and Piping System		
Gas Piping (New Installation)		
Exhaust Fan/Power Exhaust		
Flue Damper/vent damper		
L.P.G. & Fuel oil tanks, piping fee included		
Central Air Conditioning and Heat Pump		
Solid Fuel Burning Equipment		

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.

Plans are not required for the following:

1. One-and two-family dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.
2. Alterations and repair work determined by the mechanical official to be of a minor nature.

If work being performed is described above, check box "Plans Not Required."

Plans Not Required

COST OF PERMIT: \$ _____
Make checks payable to
LOCKE TOWNSHIP
Building Dept. Approval
By: _____

Description of work:

Additional Notes:

RESIDENTIAL MECHANICAL PERMIT

Contractor Name		Phone #		Fax #	
Address			City		State
Zip					
Federal ID No./Social Security No.			MESC Employer No.		
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Master Mechanical Contractor			Master License No.		Exp. Date
Master Mechanical Contractor Business Address		City		State	Zip
If exempt from any of the above, explain here			Email: (REQUIRED)		
<p>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</p>					

I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

HOME OWNERS 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/CONTRACTOR'S 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: _____

RESIDENTIAL PLUMBING PERMIT

LOCKE TOWNSHIP
3805 Bell Oak Rd.
Williamston, MI 48895
800-627-2801
800-627-2801 Ext. 201

Date ____ / ____ / ____
LOCKE TOWNSHIP

Permit # : _____

Job Location: _____ Property Tax No: _____
Owner: _____ Phone Number: _____
Address: _____ City/State/Zip: _____
Owners Email: _____

Which side of the road: North South East West

Between (closest roads) _____ & _____

Fee Schedule

Single Inspection \$48.00
 Addition REMODEL \$ 114.00
 Addition REMODEL w/Underground \$114.00 (Three Inspections)
 NEW RESIDENCE \$114.00 (Three Inspections)

ITEMIZATION	xxx.	No.
Fixtures, water connected appliances, floor drains, special drains, mobile home unit site		
Stacks (Soil, waste, vent, conductor)		
Sewers (sanitary, storm or combined)		
Water Service		
Connection building drain/building sewer		
Sub-soil drains		
Sewage ejectors, manholes, sumps		
Water distributing pipe system, less than "1		
Water distributing pipe system, 1" or greater		
Reduced pressure zone backflow preventer		

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued.

Plans are not required for the following:

1. One-and two-family dwelling containing not more than 3,500 square feet of building area.
2. Alterations and repair work determined by the plumbing official to be of a minor nature.
3. Buildings with a required plumbing fixture count less than 12.

If work being performed is described above, check box "Plans Not Required." Plans Not Required

All projects that require plan review will be assessed a plan review fee.

COST OF PERMIT: \$ _____
Make checks payable to
LOCKE TOWNSHIP
Building Dept. Approval
By: _____

Description of work:

Additional Notes:

RESIDENTIAL PLUMBING PERMIT

Contractor Name		Phone #		Fax #	
Address			City		State
Federal I.D. No./Social Security No.			MESC Employer No.		
Contractor License No.		Exp. Date		Worker's Compensation Insurance Carrier	
Name of Master Plumber			Master License No.		Exp. Date
Master Plumber Business Address			City		State
If exempt from any of the above, explain here:			Email: (REQUIRED)		
<p>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</p>					

I am/will be the owner and occupant of the premises on which the described Installation is proposed and will be doing the proposed work myself. I will not allow anyone to do any work.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

HOME OWNERS 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/CONTRACTOR'S 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: _____

BUILDING DEPARTMENT
MICHIGAN UNIFORM ENERGY CODE (MUEC) COMPLIANCE

Indicate and provide documentation of one of the following methods that you will use for compliance of the MUEC

- Rescheck (available on line www.energycodes.gov rescheck) Attach copy of a completed compliance form.
- US PA Energy Star House Program. Attach copy of a completed compliance form.
- Home Energy Rating System (HERS) with a score of 83 or better. Attach copy of a completed compliance form.
- Prescriptive method with minimum required insulation values per the MUEC that follows. Identify R or U values on all exterior components of home.

	<u>REQUIRED</u>	<u>PROPOSED</u>
Window and door area (Fenestration openings)	Maximum U- 0.35	U _____
Sky lights	Maximum U-0.60	U _____
Slab at grade floor (walkout basement floors)	Minimum R-10	R _____
Basement walls	Minimum R-10	R _____
Crawl space walls	Minimum R-10	R _____
Floors over unconditioned space	Minimum R- 30	R _____
Building component, walls, rim joist etc.	Minimum R-20	R _____
Ceiling and attic spaces	Minimum R-38	R _____

Job Address
 (PLEASE PRINT) _____
NUMBER & STREET CITY

_____ TOWNSHIP STATE ZIP CODE

Applicant's Name: _____
 (please print)

Applicant's Signature: _____ DATE

DOCUMENTATION OF ONE OF THE METHODS OF COMPLIANCE OF THE MUEC SHALL BE PROVIDED BEFORE A BUILDING PERMIT APPROVAL IS GIVEN.

Patrick E. Lindemann

Ingham County Drain Commissioner

PO Box 220
707 Buhl Avenue
Mason, MI 48854-0220

Phone: (517) 676-8395

Fax: (517) 676-8364

<http://dr.ingham.org>



Carla Florence Clos
Deputy Drain Commissioner

Paul C. Pratt
Deputy Drain Commissioner

Angie Cosman
Chief of Engineering and Inspection

Sheldon Lewis
Administrative Assistant

SOIL EROSION AND SEDIMENTATION CONTROL PERMIT WAIVER

PERMIT WAIVER #

Date _____ Waiver# _____

Applicant _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Land Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Project Address _____ Land Owner Email _____

Legal Description: Section _____ Town _____ Range _____

Property Tax ID # _____ Township / City _____

Earth Change Description _____

Drain Number _____ Drainage District _____

This is to advise you that from the information provided, and pursuant to Part 91, Soil Erosion and Sedimentation Control of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Rules promulgated under Part 91, being R 323.1701 to R 323.1714, a Soil Erosion and Sedimentation Control Permit is not required. This Waiver may be presented to your local building official for compliance with Rule 323.1711. **THERE IS NO FEE OR CHARGE FOR ISSUANCE OF THIS WAIVER.**

This Agency has determined that the activity as proposed qualifies for a Waiver because either the activity is more than 500 feet from the water's edge of a lake or stream and the amount of earth change is less than one acre, or the activity does not otherwise require a Permit under Part 91 or the Rules (R 323.1705). This Waiver does not exempt any party from acquiring any other applicable permits through federal, state, county, or local agencies. Further, this Waiver does not exempt the earth disturbance activity from enforcement of Part 91, 1994 PA 451, as amended, and its Rules where there is a violation. Review of proposed drainage and grading plans has not been performed for this project and this Agency, by issuance of this Waiver, accepts no responsibility for any and all damages incurred by improper earthwork which might increase runoff and be subject to civil sanctions.

If the scope of activity changes or is different from what has been described, or if information is contrary to that submitted to this Agency, a Permit may be required; and, you must contact this Agency before commencing that earth disturbance. The County Enforcing Agency has the authority to stop any activity not in compliance with Part 91, 1994 PA 451, as amended, and its Rules.

I, the undersigned, affirm that the project referenced above will be completed as described to the County Enforcing Agency on this date.

Applicant's Signature: _____ Date _____

Landowner's Signature: _____ Date _____

Reviewed and approved by: _____ Date _____

YOU MUST POST A COPY OF THIS WAIVER AT THE PROJECT SITE VISIBLE FROM THE PUBLIC ROAD

DRAIN OFFICE TO COMPLETE HIGHLIGHTED FIELDS

Patrick E. Lindemann

Ingham County Drain Commissioner

PO Box 220
707 Buhl Avenue
Mason, MI 48854-0220

Phone: (517) 676-8395

Fax: (517) 676-8364

<http://dr.ingham.org>



Carla Florence Clos
Deputy Drain Commissioner

Paul C. Pratt
Deputy Drain Commissioner

Angie Gosman
Chief of Engineering and Inspection

Sheldon Lewis
Administrative Assistant

AFFIDAVIT FOR SOIL EROSION AND SEDIMENTATION CONTROL PERMIT WAIVER

Pursuant to Rule 323.1705(2) of the Rules promulgated under Part 91, Soil Erosion and Sedimentation Control of the Natural Resources and Environmental Protection Act, 1994 Public Act 451, as amended, a permit waiver for an earth change within 500 feet of the water's edge of a lake or stream may be granted when an affidavit is signed by the land owner stating that the earth change will disturb less than 225 square feet and that the earth change will not contribute sediment to lakes or streams.

Landowner's Name: _____

Email: _____

Mailing Address: _____

Property Tax ID #: _____

Project Address: _____

Phone Number: _____

Legal Description: Section _____ Town _____ Range _____ Township _____

Description of Earth Change/Project:

I, _____ (Print) as the landowner, do hereby certify that the earth change at the above referenced property will disturb less than 225 square feet and the earth change will not contribute sediment to lakes or streams.

Signature: _____ Date: _____

-----AGENCY USE ONLY-----

This request for a Soil Erosion and Sedimentation Control Permit Waiver has been reviewed by the Ingham County Enforcing Agency, and is hereby issued in accordance with Rule 1705(2) of the Rules promulgated under Part 91.

Reviewed by: _____ Date: _____

