

BUILDING PERMIT INFORMATION (updated 6-1-24)

The following information is required to obtain a building permit:
incomplete applications may be returned

1. A complete Building Permit Application form
2. A detailed site plan (see back of building application)
 - a. Zoning Application (Clyde Township, Columbia Township, Ganges Township, South Haven Township, Valley Township)
 - b. Zoning Approval (Manlius Township, City of Douglas, City of Saugatuck)
3. Agent Authorization Form -required if builder obtains permit
4. Three (3) sets of Construction Plans – 2 sets must be full size hardcopy and 1 can be email PDF, if PDF not available, submit 3 full size hardcopy (*one will be returned to be kept on the jobsite*) **INCLUDE ON THE PLANS:**

- a. Detailed foundation plan
- b. All significant elevations (side views)
- c. Floor plans – including, but not limited to: use of all rooms and dimensions; window and door sizes; stairway structural details (*if applicable*); deck structural details (*if applicable*)
- d. Cross section of one wall from footing to peak
- e. Identify north elevation as (N)
- f. Indicate snow-loading capacity. Be sure to show all dimensions
- g. Energy code insulation values

Note: Items required prior to rough-in: 1) Manufacturers truss diagrams 2) Mechanical Design Criteria (Manual S & J)

5. Septic and Well Permits

Allegan County Environmental Health – 269-673-5415

VanBuren County Health Department – 269-621-3143

Or local municipal water/sewer authority

*Permit is required to hook to an existing septic and/or well

**Health Dept approval is required: for adding bedrooms, water softner discharge, ejector/grinder pump, oversize tub/jacuzzi, basement plumbing

► see reverse side

6. DRIVEWAY PERMIT

Allegan County Road Commission – 269-673-2184

Van Buren County Road Commission – 269-674-8011

*A driveway permit is required in VanBuren County even if there is an existing driveway.

MDOT – properties on Michigan Highways

**The Fire Department reviews and approves driveways in City of Douglas and City of Saugatuck, *may take 3-4 weeks*

269-857-3000 cmantels@saugatuckfire.org

***In cities contact the City Hall for curb cuts and sidewalk requirements

7. PROOF OF OWNERSHIP

examples: deed or land contract, tax bill

8. SOIL EROSION CONTROL PERMIT (SESC)

A permit is required if soil disturbance is within 500 feet of a waterway, lake, river, stream, pond, body of water, storm sewer, County Drain or if disturbance one (1) or more acres

Allegan County – 269-673-5415

Van Buren County – 269-657-8241

**required for all properties in City of Douglas and City of Saugatuck, City of Fennville

9. Other items that may be required:

1. Fire Department (*commercial projects*)

2. EGLE permit (*Lake Michigan, wetland, floodplain, etc*)

3. Health Department (Food Service) – *if project includes food service, food preparation, new commercial kitchen, etc*

**WHEN YOU HAVE ALL THE ABOVE REQUIRED
INFORMATION SUBMIT TO:**

Mail:

Michigan Township Services-Allegan, INC.

111 Grand Street

Allegan MI 49010

Call:

269-673-3239 or 1-800-626-5964

Email:

mtsallegan@frontier.com

additional information:

www.michigantownshipservices.org

Valley Township Zoning Permit Application/Permit

1. Required Information:

Job address: _____
Property Tax No: 03-22- _____
Owner Name: _____
Owner mailing address: _____
Owner phone number: _____

Applicant (if different than owner) name: _____
Applicant address: _____
Applicant phone number: _____

Describe the proposed project: _____

(i.e. new house, addition, garage, pole barn, deck, pool, fence, etc.)

2. Site Plan: Use the other side of this sheet or a separate sheet to draw a site plan showing all the following items:

1. Dimensions of the lot (all sides) 2. Location, distance to lot lines, of all existing and proposed structures 3. Dimensions of all existing and proposed structures 4. Distance between all existing and proposed structures 5. Location of roads, including center line and right-of-way 6. Location of utilities 7. Location of lakes, streams, creek, pond, county drain within 500 feet 8. A north arrow indicating direction of north 9. Front setback is measured from the street/road right-of-way not the center of the road.

3. Proof of ownership: deed, land contract, tax bill, etc

Owner/Applicant Signature _____

Date _____

- Submit completed form, site plan, proof of ownership and zoning permit fee \$25.00 (make payable to MTS) to:
Michigan Township Services-Allegan, Inc.
111 Grand St, Allegan MI 49010
1-800-626-5964/269-673-3239

Note: A site inspection to verify setback may be required prior to approval.

OFFICE USE ONLY

Zoning District: _____ Zoning Approval Permit No: _____
Required regulations
Front: _____ Water _____ Rear: _____ sides: _____
Min lot width: _____ Min lot area: _____ Max lot cover: _____
Max Bldg height: _____ Min living area: _____ Min Dwell width: _____

Zoning Administrator Approval Signature _____

Approval Date _____

Approval Condition(s): _____

Zoning Administrator Denial Signature _____

Denial Date _____

Application denied: reason(s) _____

Michigan Township Services-Allegan. Inc
111 Grand Street, Allegan MI 49010
1-800-626-5964 * 269-673-3239
Fax 269-673-9583
Email mtsallegan@frontier.com

Agent Authorization

Date: _____

Job Address: _____

City or Township: _____

This is to Inform you that I, (owner name) _____,
as owner of the above referenced property authorize (agent name)
_____, to act as my agent in seeking / obtaining
various permits and approvals on my behalf.

These include:

Various Township/City Zoning and Building approvals
Other County or State permit approvals
Others as needed

Property Owner Signature and Phone Number

**This completed form must be submitted with a zoning/building
permit application. Permits will not be issued without it.**

APPLICATION FOR BUILDING PERMIT

AND PLAN EXAMINATION

RETURN COMPLETED FORM TO BUILDING DEPARTMENT

111 GRAND STREET

ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI.
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,
MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION				
PROJECT NAME		JOB ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	
BETWEEN		AND		
ESTIMATED PROJECT COST		PROPERTY TAX ID NUMBER		
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			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. ☐ NEW BUILDING	3. ☐ MOBILE HOME SET-UP	5. ☐ SIGN	7. ☐ DEMOLITION	9. ☐ RELOCATION
2. ☐ ALTERATION/REPAIR	4. ☐ MANUFACTURED HOME	6. ☐ ADDITION	8. ☐ FOUNDATION ONLY	10. ☐ OTHER
B. REVIEW(S) TO BE PERFORMED				
☐ BUILDING	☐ ELECTRICAL	☐ MECHANICAL	☐ PLUMBING	☐ FOUNDATION

IV. PROPOSED USE OF BUILDING**A. RESIDENTIAL**

- | | | |
|--|---|---|
| 1. ☐ ONE FAMILY | 3. ☐ TOWNHOUSE
NO. OF UNITS _____ | 5. ☐ DETACHED GARAGE |
| 2. ☐ TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. ☐ ATTACHED GARAGE | 6. ☐ OTHER |

B. COMMERCIAL

- | | | |
|---|---|--|
| 7. ☐ HOTEL/MOTEL | 11. ☐ SERVICE STATION | 15. ☐ APARTMENT |
| 8. ☐ ASSEMBLY | 12. ☐ HOSPITAL, INSTITUTIONAL | 16. ☐ STORE, MERCANTILE |
| 9. ☐ INDUSTRIAL | 13. ☐ OFFICE, BANK, PROFESSIONAL | 17. ☐ TANKS, TOWERS |
| 10. ☐ STORAGE | 14. ☐ RESTAURANT/BAR | 18. ☐ OTHER, SIGN |

DESCRIBE IN DETAIL PROPOSED PROJECT AND USE:

V. SELECTED CHARACTERISTICS OF BUILDING**A. PRINCIPAL TYPE OF FRAME**

- | | | | | |
|---|--|--|---|-----------------------------------|
| 1. ☐ MASONRY, WALL BEARING | 2. ☐ WOOD FRAME | 3. ☐ STRUCTURAL STEEL | 4. ☐ REINFORCED CONCRETE | 5. ☐ OTHER |
|---|--|--|---|-----------------------------------|

B. PRINCIPAL TYPE OF HEATING FUEL

- | | | | | |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|
| 6. ☐ GAS | 7. ☐ OIL | 8. ☐ ELECTRICITY | 9. ☐ COAL | 10. ☐ OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|

C. TYPE OF SEWAGE DISPOSAL

- | | |
|--|--|
| 11. ☐ PUBLIC OR PRIVATE COMPANY | 12. ☐ SEPTIC SYSTEM |
|--|--|

D. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 13. ☐ PUBLIC OR PRIVATE COMPANY | 14. ☐ PRIVATE WELL OR CISTERN |
|--|--|

E. TYPE OF MECHANICAL

- | | |
|---|--|
| 15. ☐ WILL THERE BE AIR CONDITIONING? ☐ YES ☐ NO | 16. WILL THERE BE FIRE SUPPRESSION? ☐ YES ☐ NO |
|---|--|

F. DIMENSIONS/DATA

WIDTH

LENGTH

HEIGHT

- | | | | | | |
|-----------------------|-------|-----------------|----------|-------------|-------|
| 17. NUMBER OF STORIES | _____ | 21. FLOOR AREA: | EXISTING | ALTERATIONS | NEW |
| 18. USE GROUP | _____ | BASEMENT | _____ | _____ | _____ |
| 19. CONST. TYPE | _____ | 1ST & 2ND FLOOR | _____ | _____ | _____ |
| 20. NO. OF OCCUPANTS | _____ | 3RD-10TH FLOOR | _____ | _____ | _____ |
| | | 11TH-ABOVE | _____ | _____ | _____ |
| | | TOTAL AREA | _____ | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

- | | | | |
|--------------|-------|--------------|-------|
| 22. ENCLOSED | _____ | 23. OUTDOORS | _____ |
|--------------|-------|--------------|-------|

VI. APPLICANT INFORMATION

NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

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 OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state of 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.

SIGNATURE OF APPLICANT ►**VII. BUILDING DEPARTMENT USE ONLY****ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A-ZONING	☐ YES ☐ NO				
B-FIRE DISTRICT	☐ YES ☐ NO				
C-POLLUTION CONTROL	☐ YES ☐ NO				
D-NOISE CONTROL	☐ YES ☐ NO				
E-SOIL EROSION	☐ YES ☐ NO				
F-FLOOD ZONE	☐ YES ☐ NO				
G-WATER SUPPLY	☐ YES ☐ NO				
H-SEPTIC SYSTEM	☐ YES ☐ NO				
I-VARIANCE GRANTED	☐ YES ☐ NO				
J-OTHER	☐ YES ☐ NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

USE GROUP _____

BASE FEE _____

TYPE OF CONSTRUCTION _____

NUMBER OF INSPECTIONS _____

SQUARE FEET _____

APPROVAL SIGNATURE

TITLE

DATE

BUILDING APPLICATION/ZONING

Site Plan: (Please read carefully and complete). Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreages. (all sides)
 2. The location, 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 property.
 7. The location of any lakes, rivers, streams, or wetland on or near property.
 8. The location of any easements on the property.
 9. A north arrow indicating the direction of north.
-

*****Do not write below this line*****

Required setbacks

Front_____ft. Rear_____ft. Side Right._____ft. Side Left_____ft.

Lot width_____ft. Lot Area_____Sq. ft. Living Area_____

Dist. Between bldgs._____ft. Zoning Dist._____

Approved_____ Denied_____

Signature_____ Date_____

Reason Denied_____