



P.O. BOX 178 • 114 WOODHULL STREET • LAINGSBURG, MICHIGAN 48848-0178

PHONE (517) 651-5374 • FAX (517) 651-5604 • www.laingsburg.us

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# City of Laingsburg

Shiawassee County  
Laingsburg, Michigan 48848  
Application for Building Permit

Section # \_\_\_\_\_ Date \_\_\_\_\_

The undersigned in compliance with the laws of the State of Michigan and the ordinance of the City of Laingsburg hereby makes application under the above mention laws, ordinances and regulations hereby set forth for permission to;

Build, Demolish, Move \_\_\_\_\_ Building Size \_\_\_\_\_

Address \_\_\_\_\_ Owners Name \_\_\_\_\_

Contractor \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Workman's Comp Carrier \_\_\_\_\_

Internal Rev. Code # \_\_\_\_\_

Or reason for exemption

Michigan Employment Comp. # \_\_\_\_\_

Or reason for exemption

### Specifications

Set Back \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Roof Type \_\_\_\_\_ No. Rooms \_\_\_\_\_ No. Bath \_\_\_\_\_

Footing \_\_\_\_\_ Basement \_\_\_\_\_

Construction \_\_\_\_\_ Garage \_\_\_\_\_

Drywall \_\_\_\_\_ Plaster \_\_\_\_\_ Fireplace \_\_\_\_\_

Chimney Type \_\_\_\_\_ Siding \_\_\_\_\_

Rafters \_\_\_\_\_ OC \_\_\_\_\_ Studding \_\_\_\_\_ OC \_\_\_\_\_

Floor Joist \_\_\_\_\_ OC \_\_\_\_\_ Sewer \_\_\_\_\_

Water \_\_\_\_\_ Detectors \_\_\_\_\_ Fire \_\_\_\_\_ Smoke \_\_\_\_\_

Approved \_\_\_\_\_

Building Inspector

Cert of Occupancy # \_\_\_\_\_ Permit # \_\_\_\_\_ Fee \_\_\_\_\_

Est. Cost \_\_\_\_\_ Contractor must sign application

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 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 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 perform work on a residential building or residential structure. Violators of Section 23 are subject to civil fines.

Signed (Contractor) \_\_\_\_\_

There will be a charge of \$25.00 on any returned checks



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## Contractor Registration

City of Laingsburg Building Inspections Department  
No Fee Required

Date of Registration \_\_\_\_\_

Company Name \_\_\_\_\_

Licensed Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of License \_\_\_\_\_

License Number \_\_\_\_\_ Master Number if Applicable \_\_\_\_\_

Expiration Date/s \_\_\_\_\_

Fed I.D. # \_\_\_\_\_

Workman's Comp Carrier \_\_\_\_\_ (If Required)

Social Security Number \_\_\_\_\_

Divers License Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Attest: The information given is complete, true, and correct. I understand that work is required to be done in accordance with the Michigan Construction Code, and that I am responsible for scheduling all necessary inspections.

Licensee Signature \_\_\_\_\_

All contractor registration forms must be accompanied by a copy of your contractor's license and driver's license

# ELECTRICAL PERMIT APPLICATION

**SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT**  
 201 NORTH SHIAWASSEE STREET  
 SURBECK BUILDING - THIRD FLOOR  
 CORUNNA, MI 48817  
 PHONE: (989) 743-2396 • FAX: (989) 743-2393  
 INSPECTION LINE: (989) 743-2280

Permit # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Request # \_\_\_\_\_

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> NEW CONST    | <input type="checkbox"/> SERV. ONLY | <input type="checkbox"/> PRE-MFD/MOD     |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> UPGRADE    | <input type="checkbox"/> HUD/MFD/DW      |
| <input type="checkbox"/> ALTER/REPAIR | <input type="checkbox"/> ACC. BLDG. | <input type="checkbox"/> SW OR IN A PARK |

PROJECT DETAILS \_\_\_\_\_

**DO NOT START WORK BEFORE PERMIT IS ISSUED**

*Incomplete applications will be rejected*

Name of Owner:
Address of Job:
Township/Section/Subdivision/Lot:

### CONTRACTOR/HOMEOWNER INFORMATION

Applicant:	
Address:	
City/State/Zip:	
Area Code and Phone Number	Contractor:
Homeowner:	
Federal Employer Identification Number:	
M.E.S.C. Employer Number:	
Workers Compensation/Disability Insurance Carrier:	
License Number, Expiration Date:	

BUILDING DIMENSIONS (Measured in Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____ Acc. Bldg.: _____	

BUILDING TYPE	
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____

FOUNDATION	
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing
<input type="checkbox"/> Ratwall	<input type="checkbox"/> Other _____
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg./Unfin. _____ x _____
<input type="checkbox"/> Reg./Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____

NUMBER OF ROOMS	
# of rooms (excluding bathrooms) _____	
# of bathrooms _____	
# of bedrooms _____	

BASEMENT (Please note size)
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**HOMEOWNERS AFFIDAVIT:** I hereby certify that the electrical work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Electrical Code and will not be covered, enclosed or put into service until it has been inspected and approved by a Shiawassee County Inspector. I will cooperate with the County and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

**VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.**

**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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00		\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00		
4. Grounding Inspection	40.00		
5. Service through 200 Amp.	40.00		
6. Over 200 Amp.	45.00		
7. Sub-Panel-Indoor	50.00		
8. Acc. Bldg. - UG/From House	60.00		
9. Smoke Detectors (ea)	5.00		
10. # of Circuits (ea)	7.00		
11. Lighting Fixtures (per 25)	10.00		
12. Furnace - Unit Heater or A.C.	10.00		
13. Electrical Baseboard (ea)	10.00		
14. Power Outlets (ranges, dryers, etc.)	10.00		
15. Dishwasher, Garbage Disposal, etc. (ea)	10.00		
K.V.A. and H.P. RATED EQUIPMENT			
16. Units up to 20 K.V.A. and H.P.	15.00		
17. Units 21 to 50 K.V.A. or H.P.	20.00		
18. Units 51 K.V.A. or H.P. and over	25.00		
MISCELLANEOUS			
19. Special/Safety Inspection	40.00		
20. Additional Inspection	40.00		
21. Evaluation	50.00		
<b>TOTAL FEE TO BE PAID</b>			

**PLAN REVIEW REQUIRED FOR HOMES WITH OVER 400 AMP. SERVICE  
 +/OR HAVE 3500 SQ. FT.**

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF HOMEOWNER/APPLICANT-LICENSEE

RECEIVED  
 (STAMP HERE)



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## Sewer Service Connection Application

I (we) the undersigned do hereby, respectfully make application for connection to the City of Laingsburg municipal sewer system, in compliance with the City of Laingsburg sewer ordinances as amended.

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Address (if different) of Premises being connected  
\_\_\_\_\_

Type of Premises to be served (see schedule "A") \_\_\_\_\_

- I. Quarterly user charge (A) or (B)  
(A) Residential Rate=\$75.00 (B) Residential Equivalent:

User Charge \$75 X Factor \_\_\_\_\_ X \_\_\_\_\_ Units = \$ \_\_\_\_\_

- II. Connection Charge (C) or (D)  
(B) (D) Residential Equivalent:

Connection Charge \$2,500.00 X Units \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

(E) I (we) do hereby swear that the above information is correct, and I (we) will be responsible for all cost, liability, and permits needed, that I (we) shall incur for connecting the above stated premises to the Laingsburg municipal sewer system.

I (we) further agree to notify the City Department of Public Works for 24 hours prior to excavation or connection to municipal sewer system.

Connection Fee:

Paid in Full: Yes/No \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Received By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Residential Equivalent

The premises is hereby approved ( ), or denied ( ) for the above residential equivalent.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

# **Building & Trade Permits And Inspections**

**Shiawassee County Building Department Main Number:**

**989-743-2396**

**Inspector:**

**Dave Chrenka, Building Inspector: 989-743-2396**

**Housing Rehabilitation Program:**

**Lindsay Hager: 231-225-2619**

**lhager@hagerconsulting.biz**

**Planning & Zoning**

**Paula Willoughby, Zoning Administrator: 517-651-5374**

**Peter J. Preston, Community Planning & Zoning Consultant:  
517-256-0566**