

## **SINGLE SITE RESIDENTIAL DEVELOPMENT CHECKLIST**

Please use the following checklist as a guide for the materials needed to issue a zoning permit and a building permit for a single site residential dwelling. All information must be complete and provided to the City in order to issue the appropriate permits and approvals.

- Completed zoning permit
- Written approval for connection to sanitary sewer (Receipt of Connection Fee)
- Approved, signed, well permit from the Environmental Health Department.
- A completed Driveway Permit.
- A new address request Form.
- Proof of Ownership: a recorded land contract or deed with a legal description of the property.
- An acceptable, legible plot plan that shows property dimensions including all setbacks. Setbacks from other structures on the property. Also show all other overhead wires, drains, water edges, etc.
- A soil erosion permit from the Shiawassee County Drain Commission if 100 feet from water or 500 feet from the drain
- A completed building permit application
- A complete set of building and foundation plans.
- A Michigan Uniform Energy Code Form.
- A Roof Loading Sheet
- A Contractor Registration Form
- Cross Section Detail Form



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Zoning Permit  
\$25 Fee

Property Owner's Name & Address:

Applicant's Name & Address:

	Phone:

Address of Property on which accessory will be placed:

Contractor's Name & Address:

	Phone:

Type of Structure \_\_\_\_\_ Proposed Use \_\_\_\_\_

Distance from other structures \_\_\_\_\_ (show on drawing)

Distance from lot lines: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_

Sq Feet of lot \_\_\_\_\_ Lot width at front setback \_\_\_\_\_ Ext. Sq Feet of House \_\_\_\_\_

Size of structure: Height \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Square feet of other structures \_\_\_\_\_

Provide drawing of placement on property. Please note locations of house, other buildings or structures, location, drives, sidewalks, etc.

Approved: Y or N

Date: \_\_\_\_\_

Zoning Administrator \_\_\_\_\_

Fee \$ \_\_\_\_\_ Paid On \_\_\_\_\_ Permit # \_\_\_\_\_



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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 \_\_\_\_\_

**Shiawassee County Health Department  
Environmental Health Division**

- New Build  Replacement - Existing  
 Drinking Water  
 Other

201 N. Shiawassee St.  
 Corunna, MI 48817  
 Telephone (989) 743-2390  
 Fax (989) 743-2413

Well Permit No. \_\_\_\_\_  
 Not Valid Unless Approved  
 Receipt No. \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_

Sewage Permit No. \_\_\_\_\_

**Well Application**

Well location address (if issued) road name \_\_\_\_\_ Township \_\_\_\_\_ Section # \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot Number \_\_\_\_\_

Owners Name: \_\_\_\_\_ Mailing: \_\_\_\_\_  
 House Number Street City State Zip Code

Phone # ( ) \_\_\_\_\_

Natural Gas? Yes  No       Underground Fuel/Gas Storage Tank Yes  No   
 Propane Tank? Yes  No       Aboveground Fuel/Gas Storage Tank Yes  No

Installed by: Owner/Well Driller: \_\_\_\_\_ Driller's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby apply for this permit and have authorization to do so. I understand that this is a construction permit only, and we should not drink the water until final approval has been granted. I further state the information given is accurate and complete.

Applicant's Signature X \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

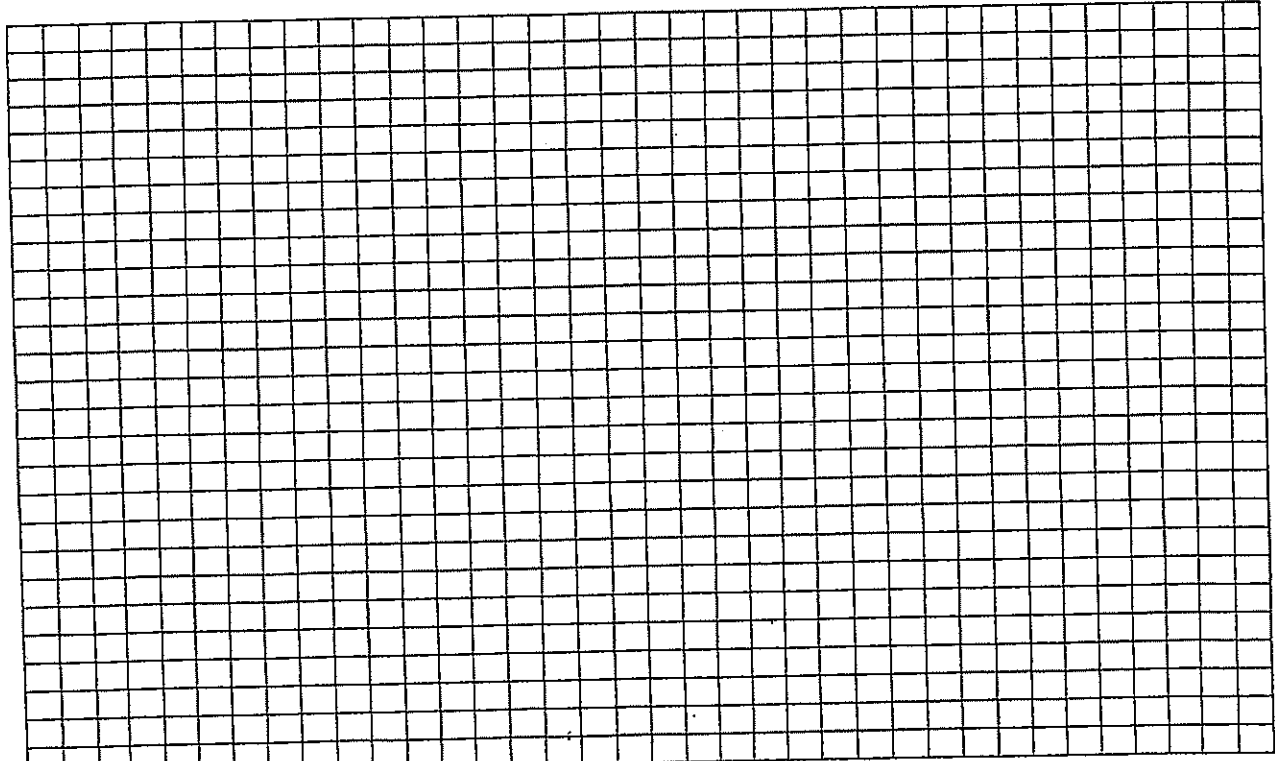
Address \_\_\_\_\_  
 House Number Street Name City State Zip Code

Plot plan: Site sketch for new and replacement Wells showing well location, septic system, sewer lines, lot lines, prominent landmarks, etc. Your Scale: One square equals \_\_\_\_\_ Ft.

Lot Size: Dimensions \_\_\_\_\_ Number of Acres \_\_\_\_\_ Building Faces: N E S W

Setbacks in Feet: Front -- from center line of road \_\_\_\_\_ Rear -- from property line \_\_\_\_\_  
 Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

Indicate positions of other structures and utilities



Center Line of Road or Street

CITY OF LAINGSBURG DEPARTMENT OF PUBLIC WORKS 114 N. WOODHULL ST. P.O. BOX 178 LAINGSBURG, MICHIGAN 48848	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FOR OFFICE USE ONLY</div> PERMIT#: _____ DATE: _____ INSURANCE ( )
---	--

**APPLICATION FOR PERMIT  
OCCUPANCY OF OR WORK WITHIN STREET RIGHT-OF-WAY**

<u>TYPE OF WORK</u>	<u>CHECK TYPE OF WORK</u>	<u>CHECK ONE</u>
Sanitary Sewer	( )	INSTALLATION ( )
Storm Sewer	( )	REPAIR ( )
Driveway	( )	RECEIPT NO. ( )
Sidewalk	( )	DEPOSIT ( )
Curb & Gutter	( )	PREPAID DEPOSIT ( )
Other _____	( )	

Elec. \_\_\_ Gas \_\_\_ Water \_\_\_ Sewer \_\_\_ Cable \_\_\_

Location	Property Owner
CONTRACTOR	CONTRACTOR'S TELEPHONE NUMBER

**This application must be submitted 72 hours before you plan to commence work. This permit will not be issued unless the contractor/owner has the proper insurance on file with the Department of Public Works and the City is named as an insured party.**

Work will begin on about \_\_\_\_\_ and will be completed on/about \_\_\_\_\_.

NOTE: This permit is granted on the express condition that underground utility connections will not be covered until they are inspected by the City of Laingsburg. Please notify the Department of Public Works at 517-651-6101 when the final connection has been made but before backfilling. In the case of driveway approaches, sidewalk installations and curb and gutter removal and replacement permits, the owner or contractor must notify the Department of Public Works at 517-651-6101 after the forms are placed and prior to placing the concrete or surfacing materials. (For your own protection, please do not order the concrete until after the inspection has been made.) Completed work must also be inspected.

Copies of this permit are given to: Applicant, Treasurer and Dept. of Public Works.

**I will comply completely with the City Ordinances and Rules and Regulations set forth on the attached form and indemnify, defend and hold harmless the City of Laingsburg and its employees from any court action resulting from this activity.**

Signature of Liability Insurance Holder

Inspector's Comments:

Inspection: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Final Inspection ( )

Issued by: \_\_\_\_\_  
Street Administrator

**ADDRESS REQUEST FORM**  
City of Laingsburg  
P. O. Box 178, 114 Woodhull Street  
Laingsburg, MI 48848-0178  
(517) 651-5374 FAX (517) 651-5604

Fee: \$20.00

Receipt #: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_

Applicant's Current Mailing Address:

\_\_\_\_\_  
Address City/State/Zip Code

Daytime Ph. Number: \_\_\_\_\_ Alternate Ph. Number \_\_\_\_\_

Location of site needing address: \_\_\_\_\_  
Twp Road Name Sect. No.

Tax Roll #: 022-\_\_\_\_\_ Parcel/Lot #: \_\_\_\_\_

**THE TAX ROLL NUMBER IS IMPORTANT IN LOCATING THE PROPERTY. IT  
MUST BE INCLUDED ON EACH APPLICATION. THE APPLICATION WILL NOT  
BE ACCEPTED WITHOUT THE TAX ROLL NUMBER.**

**Instructions:**

- 1) Sketch parcel with location of driveway in relation to property lines in feet. (See Back)
- 2) Make all observation for diagram when facing the property in question
- 3) As you face your property indicate the compass direction on your sketch.  
(North, South, East, West)
- 4) Indicate the crossroads in both directions.
- 5) Indicate the nearest addresses.
- 6) Land Division Certificate or if lot established prior to 1997 the original Tax Roll Card
- 7) If a subdivision, you must provide the name of the subdivision and a plot map.
- 8) **Registered Deed or Land Contract.**

**NAME SIGN AT DRIVEWAY – CALL WHEN READY**

**Drawing Space On Reverse Side  
Please Print Clearly**

SHIA WASSEE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION

Surbeck Building - 201 N. Shiawassee Street  
CORUNNA, MICHIGAN 48817  
PHONE: (989) 743-2390 FAX: (989) 743-2413  
Web Address: <http://www.shiawassee.net>

GEORGE J. PICCHETTI, JD.  
Director/Health Officer  
DENNIS CHERNIN, MD, M.P.H.  
Medical Director

GENE PAEZ, R.S., M.P.H.  
Director of Environmental Health

AFFIDAVIT FOR SOIL EROSION SEDIMENTATION CONTROL PERMIT WAIVER

Pursuant to Part 91, Soil Erosion Sedimentation and Control, of Act 451 of the Public Acts of 1994, as amended.

Owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Property address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ T. \_\_\_\_\_ N. R. \_\_\_\_\_ E. \_\_\_\_\_ Township

Description of Earth Change Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ as the property owner, 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 SESC permit waiver has been reviewed by SCHD and is hereby issued in accordance with Rule 1705 (2) of Part 91.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Soil Erosion and Sedimentation Control (All earth changes will require review)

When might a permit from the Environmental Health Division be required?

1. If your project involves **disturbing soils** over an area of one or more acres.
2. If your project is **within 500 feet** of a lake, stream, river, drain, or other water body.
3. All projects involving earth moving activities that disturb **more than 225 square feet** (an SESC waiver **might** be issued for projects disturbing **less than 225** square feet).
4. If your construction project is for a **permanent dwelling** or a **large-scale addition** to an existing home.

If you answered **yes to any of the questions** a SESC permit or verification that no permit is required will be needed as part of your Zoning permit application.

Zoning applications for projects such as decks, porches, swimming pools, small additions, and small accessory buildings **may** be reviewed in house. This **does not** prohibit an SCHED representative from conducting a site visit to determine whether or not a SESC permit will be required.



**SHIAWASSEE COUNTY HEALTH DEPARTMENT**  
201 N. Shiawassee St., Surbeck Bldg., Corunna, MI 48817  
Website <http://health.shiawassee.net>

Katie Plashek, R.S.  
Registered Environmental Health Sanitarian





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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

# **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**

# SHIAWASSEE COUNTY BUILDING DEPARTMENT

## ENERGY CODE COMPLIANCE FORM PRESCRIPTIVE METHOD

**Building Component Minimum Required Insulation R Value (R13)**  
(Walls: Top of wall to top of foundation, including rim joist)

### Window and door area (Fenestration openings)

Calculate % of windows and doors compared to total area:

Total wall area (Top of wall to finish grade) = \_\_\_\_\_ square feet  
Total window and door area = \_\_\_\_\_ square feet

Window and door area divided by wall area = \_\_\_\_\_ % (Percent)

For 0% to 15% use (R1.9) windows \_\_\_\_  
For 16% to 20% use (R2.5) windows \_\_\_\_  
(If over 20% the Prescriptive Method can not be used.)

### Roof / Ceiling Insulation

Calculate % of skylight opening compared to total roof (ceiling area):

Total Roof (Ceiling Area) = \_\_\_\_\_ square feet  
Total Skylight Area = \_\_\_\_\_ square feet

Skylight area divided by roof / ceiling area = \_\_\_\_\_ % (Percent)

For 0% to 10% use (R30) insulation in roof area ceiling.

**Floors over unconditioned spaces and exterior overhangs. (R21)**  
**Slab on grade floors and its supporting foundation:**

Non heated space (R5)

Heated space (R10)

Crawl space walls (R5)

Finished lower level (basement) walls (R5)

**Exposed basement walls (more than 7% of gross wall area) (R5)**

Total non heated exposed wall = \_\_\_\_\_ square feet  
Total exposed wall area of house = \_\_\_\_\_ square feet

Non heated wall area divided by total wall area, times 100 = \_\_\_\_\_ % (Percent) of  
non insulated wall (to be less than 7%)

Job address \_\_\_\_\_

Township\_\_ City\_\_ Village\_\_

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

Date \_\_\_\_\_

~~This form shall be filled out completely before approval is given.~~

## Roof Loading Data Sheet

Authority: Act 230 PA 1972, as amended

Completion: Completed prior to application for plan review and building permit. This form is a voluntary form used to assist in the permit approval process.

Jurisdictional information should be included in this space

Applicant's Name:		Date:
Applicant's Address:		Permit Number:
City:	State:	Zip:
Applicant's Signature:		
Job Location:		
Address:		
Township/Village/City:		County:

THIS FORM SHOULD BE COMPLETED BY THE PERMIT APPLICANT, OR DESIGN PROFESSIONAL FOR C<sub>e</sub>, C<sub>t</sub>, AND I, PLACE AN "X" IN THE APPROPRIATE BOX THAT BEST DESCRIBES THE STRUCTURE.

Ground Exposure, P<sub>g</sub> = \_\_\_\_\_ From Figure R301.2(5) MRC or Figure 1608.2 MBC

Exposure Factor C <sub>e</sub>				
Exposure	Fully Exposed <sup>1</sup>	Partially Exposed <sup>2</sup>	Sheltered <sup>3</sup>	
A Large city center with at least 1/2 the buildings exceeding 70 ft. in height.	N/A	1.1	1.3	
B Urban and suburban areas, wooded areas or other terrain with closely spaced objects having the size of single-family dwellings or larger.	0.9	1	1.2	
C Open terrain with scattered obstructions having heights less than 30 ft. (flat open country)	0.9	1	N/A	
D Flat unobstructed areas exposed to wind flowing over open water for a distance of at least 1 mile. (i.e. Great Lakes.)	0.8	0.9	N/A	

<sup>1</sup>Fully Exposed: Roofs exposed on all sides with no shelter by terrain, higher structures, or trees.

<sup>2</sup>Partially Exposed: All roofs except those designated as "fully exposed" or "sheltered."

<sup>3</sup>Sheltered: Roofs located tight among conifers that qualify as obstructions.

### Thermal Factor C<sub>t</sub>

Thermal Condition <sup>4</sup>	C <sub>t</sub>
All structures except as listed below	1
Structures kept just above freezing and those with cold, ventilated roofs with an R factor of 25 or greater between the ventilated and heated spaces, such as attics	1.1
Unheated structures and those intentionally kept below freezing, such as seasonal building or storage buildings	1.2
Continuously heated greenhouse with a roof R-value less than 2 and having an interior temperature maintained at about 50 degrees 3 ft above the floor during winter months and a temperature alarm system or an attendant to warn of a heating failure.	0.85

<sup>4</sup>These conditions shall be representative of the anticipated conditions during winter months for the life of the structure

### Importance Factor

Category	I
I Building and other structures representing low hazard to human life, i.e.: Agricultural, Temporary, and Minor Storage Facilities.	0.8
II All buildings except those listed in Categories III and IV.	1
III Building and other structures representing substantial hazard to human life in the event of failure.	1.1
IV Buildings and other structures designated as essential facilities.	1.2

### Attic Live Load

Entire Attic	Y/N
Specific Areas (if yes, list areas below)	Y/N
List Rooms:	



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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

**CROSS SECTION DETAILS:**

(Fill out only items that apply to your project.)

**ROOF-CEILING CONSTRUCTION**

- Ridge board \_\_\_\_\_
- Rafters 2X\_\_\_\_, \_\_\_\_oc (on center)
- Ceiling joist 2X\_\_\_\_, \_\_\_\_oc
- Eng. Rafters\_\_\_\_\_, \_\_\_\_oc
- Eng. Trusses\_\_\_\_\_, \_\_\_\_oc
- Roof sheathing\_\_\_\_\_
- Fascia board\_\_\_\_\_
- Ice shield\_\_\_\_\_
- Felt paper\_\_\_\_\_
- Roof covering\_\_\_\_\_

**WALL CONSTRUCTION**

- Double top plate 2X\_\_\_\_
- Bottom plate 2x\_\_\_\_
- 2X\_\_\_\_ wall studs, \_\_\_\_oc
- Headers\_\_\_\_X\_\_\_\_, Eng. beams\_\_\_\_\_
- Wall sheathing\_\_\_\_\_
- Eng. walls\_\_\_\_\_
- House wrap\_\_\_\_\_

**FLOOR CONSTRUCTION**

- 2X\_\_\_\_ floor joist, \_\_\_\_oc
- Eng. floor\_\_\_\_\_, \_\_\_\_oc
- Floor sheathing\_\_\_\_\_
- Beams / Girders\_\_\_\_\_
- Sill plate 2X\_\_\_\_
- Sill plate anchors:  
 1/2" bolts\_\_\_\_, \_\_\_\_oc  
 eng. straps\_\_\_\_, installed per man. spec.
- Concrete slab\_\_\_\_\_
- Vapor retarder\_\_\_\_\_

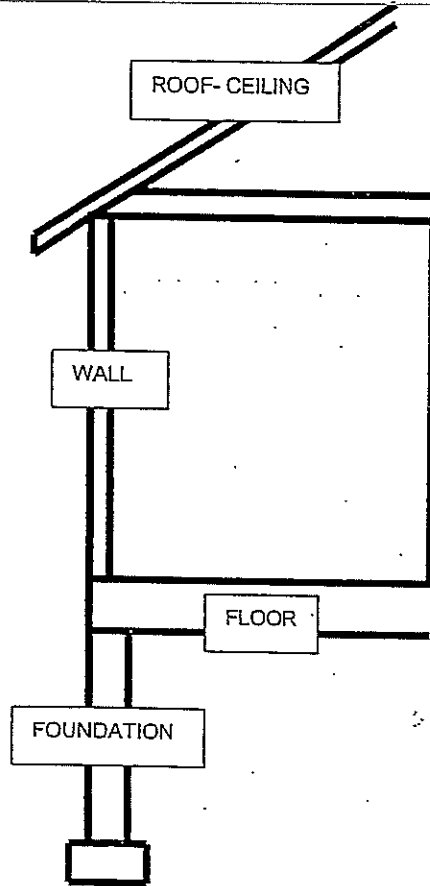
**FOUNDATION**

- Foundation walls:  
 wood framed\_\_ Design Required  
 masonry\_\_ (height\_\_ thickness\_\_)  
 concrete\_\_ (height\_\_ thickness\_\_)  
 insulating (ICF)\_\_ (height\_\_ thickness\_\_)  
 post / columns\_\_ (\_\_\_\_X\_\_\_\_, \_\_\_\_oc)
- Footing: (Minimum 42" from bottom to final gradé.)  
 trench\_\_ (width\_\_ depth\_\_)  
 form / rail\_\_ (depth\_\_ width\_\_)  
 post / pier\_\_ (diameter\_\_ depth\_\_, \_\_\_\_oc)
- Dampproofing\_\_ Waterproofing\_\_
- Foundation drainage\_\_ type\_\_\_\_\_

**EXTERIOR COVERINGS**

- Fascia\_\_\_\_\_
- Soffit\_\_\_\_\_
- Siding\_\_\_\_\_
- Veneer\_\_\_\_\_

# SHIAWASSEE COUNTY BUILDING DEPARTMENT



\_\_\_\_\_

Job address \_\_\_\_\_

\_\_\_\_\_

Township\_ City\_ Village\_

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Type of work \_\_\_\_\_