

City of Laingsburg  
114 N Woodhull P.O. Box 178  
Laingsburg, MI 48848  
Ph: (517) 517-5374 Email: [clerk@laingsburg.us](mailto:clerk@laingsburg.us)  
<https://www.laingsburg.us/building-zoning/building-zoning-forms/>

## CONSTRUCTION PERMIT CHECKLIST

(For all projects other than new homes)

- \_\_\_\_\_ 1. Completed **Zoning Permit Application\***.
- \_\_\_\_\_ 2. **Proof of Ownership** if purchased within the last year.
- \_\_\_\_\_ 3. **Completed Site Plan Grid**
  - a. Minimum site plan requirements are listed on Page 4 of this packet.
  - b. A sample site plan grid is listed on Page 5 of this packet.
- \_\_\_\_\_ 4. **Soil Erosion and Sedimentation Review:** A [soil erosion review](#) is **required** by the State of Michigan through the office of Environmental Health.
- \_\_\_\_\_ 5. **Septic/Sewage Permit:** If the project includes a net increase in bedrooms, the [Environmental Health Department](#) must issue a permit or waiver.

### **BUILDING PERMIT**

(Contractors must be registered with the Building Department)

- \_\_\_\_\_ 1. Completed **Building Permit Application** listed on Page 6 of this packet.
- \_\_\_\_\_ 2. **Blueprints/Plans:** Two (2) complete sets of building and foundation plans and specifications, including a cross-section of the proposed project.
- \_\_\_\_\_ 3. **Truss Drawings** submitted with this application packet.
- \_\_\_\_\_ 4. **Proof of Ownership:** Proof of ownership must be provided with the Building Permit when the project does not require a Zoning Permit.

**PERMITS WILL NOT BE ISSUED WITHOUT REQUIRED DOCUMENTATION**

\*Commercial and Industrial construction requires Site Plan Review Approval

Application for a Zoning Permit  
City of Laingsburg  
114 Woodhull  
P.O. Box 178  
Laingsburg, MI 48848  
517-651-5374  
Email: [clerk@laingsburg.us](mailto:clerk@laingsburg.us)

Application Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Permit #: \_\_\_\_\_  
Review Date: \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_ By: \_\_\_\_\_

Property Address/Location		Applicant (if not Owner)			
Address/Street:		Name:			
Nearest Cross Rd.:		Address:			
Township:		City/State/Zip:			
Parcel Number:		Phone:			
Zoning District:		Fax/Email:			
Owner Information		If New Construction or Addition			
Name:		Please attach all that apply:			
Address:		Land Division Certificate	Survey		
City/State/Zip:		Proof of Ownership	Well Permit #		
Phone:		Septic Permit #	Soil Erosion Permit		
Fax/Email:		Driveway Permit	New Sewer Connection		
		New Address			
Type of Request		Yes	No	For All Applications	
<input type="checkbox"/>	Principal Structure			Did you attach a "Site Plan Drawing"?	
<input type="checkbox"/>	Accessory Structure			Are you making grade (earth) changes?	
<input type="checkbox"/>	Agricultural Structure			Is your project within 500 ft. of surface water?	
<input type="checkbox"/>	Temporary Structure/Use			Is this site currently violating the ordinance	
<input type="checkbox"/>	Demolition Permit				
<input type="checkbox"/>	Sign				
<input type="checkbox"/>	Home Occupation	For Sign Permits Only			
<input type="checkbox"/>	Fence	Type of Business:			
<input type="checkbox"/>	Deck or Porch	Total Display Area in Square Feet:			
<input type="checkbox"/>	Pool	Proposed setback from Right-of-Way:			
<input type="checkbox"/>	Solar	Sign Height:		Sign Purpose:	
<input type="checkbox"/>	Outdoor Solid Fuel Furnace	Type: Pole    Ground    Wall    Other			
<input type="checkbox"/>	Shared Driveway	Height and Width of wall:			
<input type="checkbox"/>	Buildable Lot Study	Attach Sign drawing showing copy			
<input type="checkbox"/>	Hazardous Material Storage				
<input type="checkbox"/>	Other:				
Describe Proposed Building or Land Use:					

**AFFIDAVIT OF COMPLIANCE**

I am the owner of, or the authorized agent of the owner, of the lot (parcel of land) described and shown on the attached site plan. I am familiar with the Shiawassee County Zoning Ordinance, including the related laws listed in Section 16.5.3. I hereby attest based upon my knowledge and belief that this request is complete, in compliance with, and warrants approval under the Shiawassee County Zoning Ordinance of 1999, as amended.

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

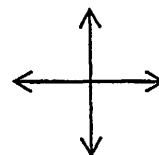
\_\_\_\_\_  
Date

## CITY OF LAINGSBURG ZONING SITE PLAN GRID

NAME: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ or NUMBER OF ACRES \_\_\_\_\_.

(SEE REVERSE SIDE FOR INSTRUCTIONS)



(E, N, S, W,)

CENTER LINE OF ROAD

## **SITE PLAN REQUIREMENTS**

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately locate Driveway and give distance from closest lot line.
7. Indicate any unique features of the property, such as drain, ditches or streams, etc. and the distance for the building site.

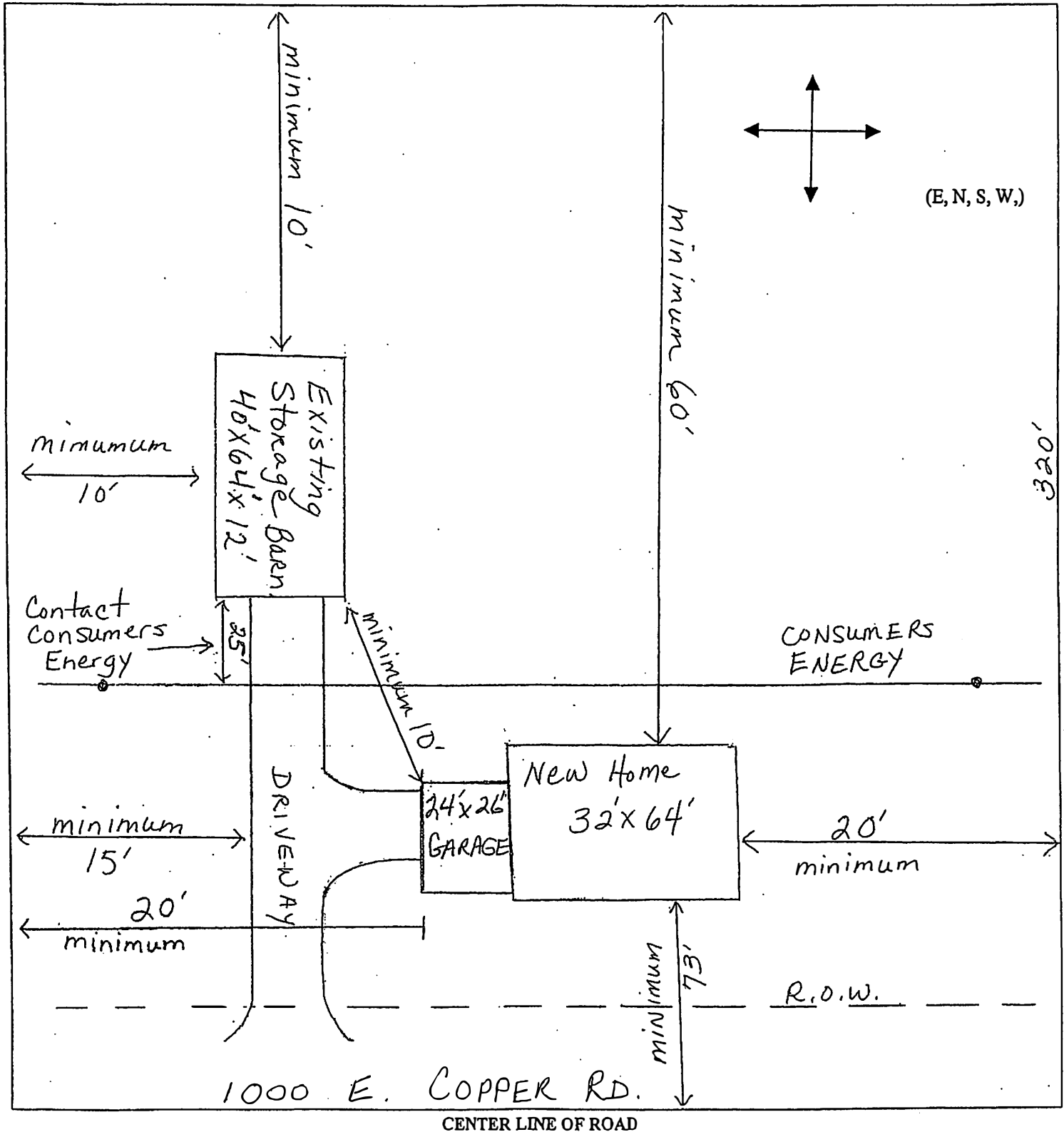
## SHIA WASSEE COUNTY ZONING SITE PLAN GRID

NAME John Doe PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES \_\_\_\_\_

(SEE REVERSE SIDE FOR INSTRUCTIONS)

200'



This application shall become incorporated as a part of the permit and only authorizes the items of work as herein applied for, as described on the issued permit.

BUILDING PERMIT APPLICATION  
City of Laingsburg  
114 Woodhull  
Laingsburg, MI 48848  
(517) 651-5374  
Email: [clerk@laingsburg.us](mailto:clerk@laingsburg.us)

OFFICE USE ONLY

Permit #: \_\_\_\_\_

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

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

Job Site Address:	Township:	Property Tax ID #:
Property Owner:	Email:	Phone:
Owners Mailing Address, City, Email, Zip:		
Contractor:	Email:	Phone:
Contractor Mailing Address, City, Email, Zip:		
Alternate Phone/Contact Information:	License #:	Expiration Date:
Use of Building:	Foundation Type: Poured Wall    Post    Block    Wood    Other	
Class of Work: New Home    Addition    Alteration    Accessory Structure    Basement    Conventional Frame    Post Frame Modular    HUD Double Wide/Single Wide    Structured Steel		
Describe Work:		
Special Conditions:		

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

\*Section 23A of the State Construction Code Act of 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 Contractor/Authorized Agent\*      Date

\_\_\_\_\_  
Signature of Owner      Date

FOR OFFICE USE ONLY		
Administration Fee: \$40.00		
Total Valuation		Permit Fee
Requirements	Required	Received Not Received
Contractor Registration		
Zoning		
Plans		
Truss Drawings		
Energy Comp/Blower Door		
Comm. Plan Review Fee		

Required Inspections		
FOOTING	BACKFILL	ROUGH
INSULATION	FINAL	OTHER

Application Received by:	Plan Reviewed by:	Approved for Issuance by:

Date Received:
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## Roof Loading Data Sheet

Authority: 1972 PA 230 Completion: This form is to be completed and given to the building official with the application for plan review and building permit. The applicant shall give a copy of the completed form to the truss manufacturer.

Jurisdictional Information should be included in this space	
Township	County
	Shiawassee

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

Where prescriptive design is used, the ground snow load,  $P_g$ , from Table R301.2(1) shall be used as the design roof snow except, where section R802.10.2.1 applies the design roof snow load shall be  $.7P_g$ . Additional unbalanced loads for drifting across the ridge are not required. Where engineered design is used, this form is to be completed by the permit applicant or design professional. The flat roof snow load,  $P_f$ , is defined as  $P_f = .7P_g(C_e)(C_t)(I)$ . For factors  $C_e$ ,  $C_t$ , and  $I$ , place an "X" in the appropriate box below that best describes the structure and the particular jobsite and substitute the corresponding values in the formula above. The result is the flat roof snow load and is applied as the truss top chord live load,  $TCLLL$ . All live loads and snow loads, including unbalanced loads and minimum loads, are to be applied per ASCE 7, chapter 4 and 7 and this code.

Ground Snow Load ( $P_g$ ) = 30 PSF

From Figure R301.2(5) or MRC Table R301.2(5)

Exposure Factor $C_e$				
Exposure (R301.2.1.4 (pg. 43))		Fully Exposed <sup>1</sup>	Partially Exposed <sup>2</sup>	Sheltered <sup>3</sup>
B	Urban and suburban areas, wooded areas, or other terrain with closely spaced objects having the size of single-family dwellings or larger			
C	Open terrain with scattered obstructions having heights less than 30ft. (flat open country)			
D	Flat unobstructed areas exposed to wind flowing over open water for a distance of at least 2 mile (i.e., Great Lakes)			

Mark only one of the 9 boxes under the exposure factor with an "X".

<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 Condition $C_t$	
All structures except as listed below	
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	
Unheated structures and those intentionally kept below freezing, such as seasonal buildings or storage buildings	
Continuously heated greenhouse with a roof R value less than 2 and having an interior temperature maintained at about 50 degrees above the floor during winter months and a temperature alarm system or an attendant to warn of a heating failure	

Mark only 1 of the 4 boxes under the Thermal Condition with an "X".

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

Mark only 1 of the 4 boxes under the Importance Factor with an "X"

Note: All roof trusses have additional live (storage) loads applied to the bottom chord where required per Table R301.5.

Figure 802.10.1

Roof Loading Data Sheet

## Residential Frame Built (Roof, Walls, Floor, and Foundation)

APPENDIX A

### Roof:

Pitch - \_\_\_\_\_  
 Shingles - \_\_\_\_\_  
 Felt - \_\_\_\_\_  
 Ice Barrier - \_\_\_\_\_  
 Roof Sheathing - \_\_\_\_\_  
 Truss - \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If No Answer The Following  
 Rafter Size - \_\_\_\_\_  
 Rafter Spacing - \_\_\_\_\_  
 Rafter Clear Span - \_\_\_\_\_  
 Rafter Species - \_\_\_\_\_  
 Ridge - \_\_\_\_\_  
 Ceiling Joist Size - \_\_\_\_\_  
 Ceiling Joist Spacing - \_\_\_\_\_  
 Ceiling Joist Species - \_\_\_\_\_  
 Insulation - \_\_\_\_\_  
 Roof Ventilation - \_\_\_\_\_

### Walls:

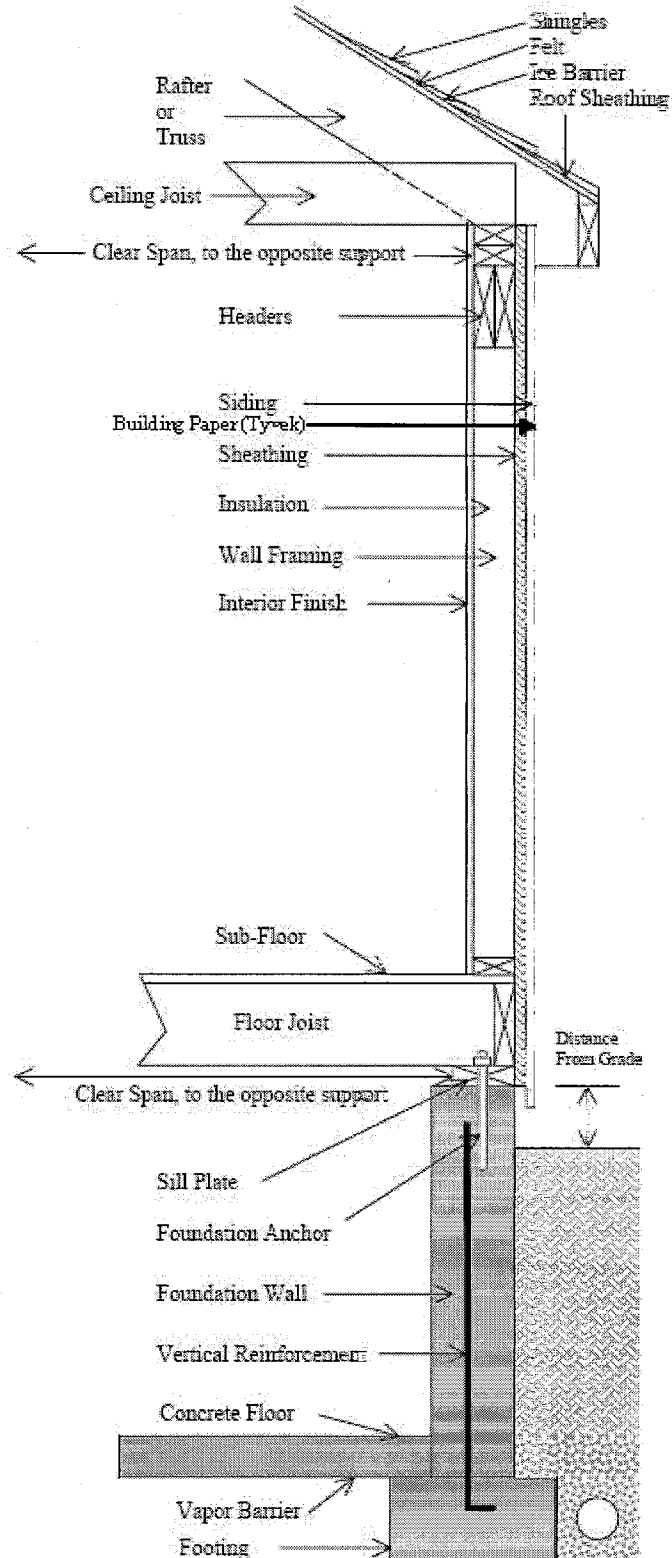
Siding - \_\_\_\_\_  
 Sheathing - \_\_\_\_\_  
 Bldg. Paper (Tyvek) - \_\_\_\_\_  
 Insulation - \_\_\_\_\_  
 Walls Framing - \_\_\_\_\_  
 Headers - \_\_\_\_\_  
 Interior Finish - \_\_\_\_\_  
 Ceiling Height - \_\_\_\_\_

### Floor:

Sub-Floor - \_\_\_\_\_  
 Floor Joist Size - \_\_\_\_\_  
 Floor Joist Spacing - \_\_\_\_\_  
 Floor Joist Clear Span - \_\_\_\_\_  
 Floor Joist Species - \_\_\_\_\_  
 Beam Type & Size - \_\_\_\_\_  
 Distance From Grade - \_\_\_\_\_

### Foundation:

Anchor Type - \_\_\_\_\_  
 Anchor Spacing - \_\_\_\_\_  
 Sill Plate - \_\_\_\_\_  
 Poured Wall Size - \_\_\_\_\_  
 Block Wall Size - \_\_\_\_\_  
 Vertical Reinforcement - # \_\_\_\_\_ o.c.  
 Concrete Floor Thickness - \_\_\_\_\_  
 Vapor Barrier - \_\_\_\_\_  
 Column Pad Size - \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
 Column Spacing - \_\_\_\_\_  
 Footing Width - \_\_\_\_\_  
 Footing Height - \_\_\_\_\_  
 Footing Depth Below Grade - \_\_\_\_\_





## Residential Garages & Accessory Structures

Roof Pitch - \_\_\_\_\_  
 Roof Covering - \_\_\_\_\_  
 Underlayment - \_\_\_\_\_

**JOB ADDRESS:**

**BUILDING SIZE:**

Roof Deck - \_\_\_\_\_  
 Trusses – Yes - No - \_\_\_\_\_

If No Fill In The Following;

Size Of Ridge - \_\_\_\_\_  
 Size Of Rafters - \_\_\_\_\_  
 Rafter Species Of Lumber - \_\_\_\_\_  
 Rafter Spacing - \_\_\_\_\_  
 Ceiling Joist - \_\_\_\_\_

### Wall Materials

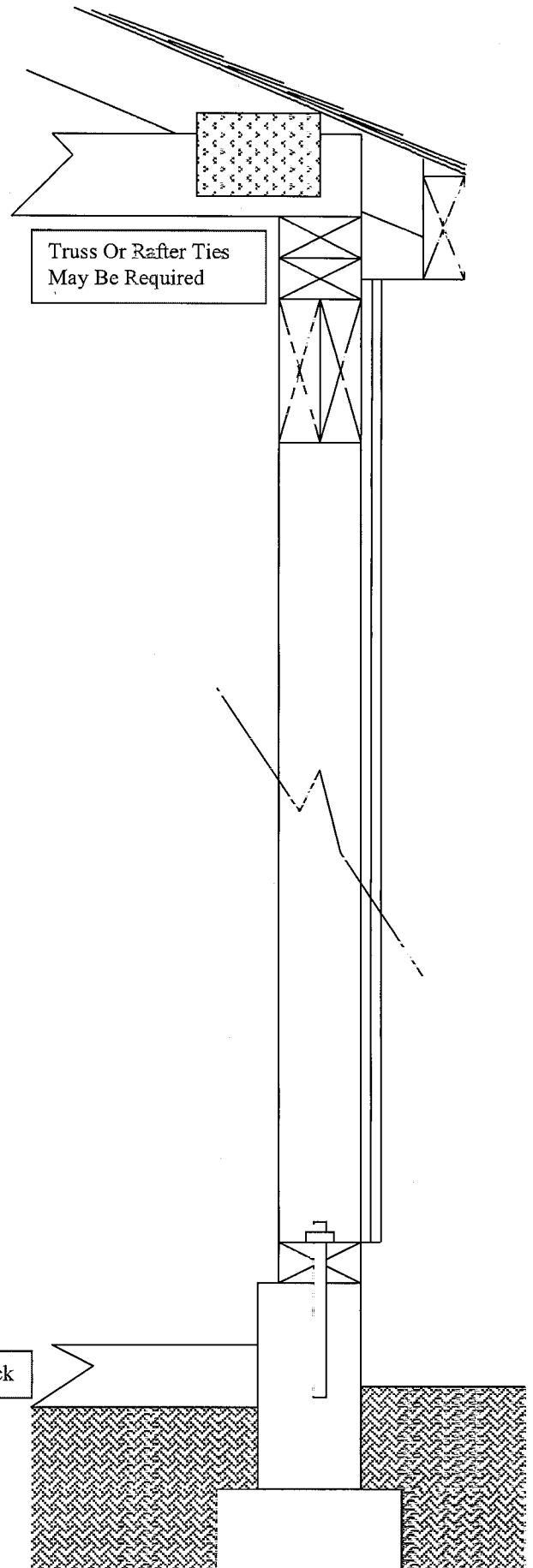
Size Of Studs - \_\_\_\_\_  
 Top Plates - \_\_\_\_\_  
 Bottom Plates - \_\_\_\_\_  
 Stud Spacing - \_\_\_\_\_  
 Garage Door Header - \_\_\_\_\_  
 Garage Door Header Span - \_\_\_\_\_  
 Service Door - \_\_\_\_\_  
 Service Door Header Span - \_\_\_\_\_  
 Window Header - \_\_\_\_\_  
 Window Header Span - \_\_\_\_\_  
 Insulation Type - \_\_\_\_\_  
 Interior Finish - \_\_\_\_\_  
 Sheathing - \_\_\_\_\_  
 Siding - \_\_\_\_\_

### Foundation

Foundation Anchor Type – Bolt \_\_\_\_\_ Strap \_\_\_\_\_  
 Foundation Anchor Spacing - \_\_\_\_\_  
 Foundation Size - \_\_\_\_\_  
 Footing Width - \_\_\_\_\_  
 Footing Depth - \_\_\_\_\_

Concrete Slab-On-Ground Floors Shall Be A Minimum 3 ½ Inches Thick

Attached Garages And Other Attached Accessory Structures Shall Have Exterior Footings And Foundation Systems That Extend 42 Inches Below Actual Grade. Detached Garages And Other Accessory Structures That Exceed 400 Square Feet Shall Have Exterior Footings And Foundation Systems That Extend 42 Inches Below Actual Grade.



## **INSPECTION REQUEST INFORMATION**

INSPECTION REQUEST LINE: 989-743-2280

**ELECTRICAL INSPECTIONS** – PERFORMED MONDAY AND THURSDAY.  
**BUILDING INSPECTIONS** - PERFORMED MONDAY THROUGH THURSDAY.  
**MECHANICAL & PLUMBING INSPECTIONS** - ARE ADMINISTERED  
THROUGH THE STATE OF MICHIGAN. GO TO [michigan.gov/bcc](http://michigan.gov/bcc) FOR  
ADDITIONAL INSPECTION INFORMATION.

FOR THE CONVENIENCE OF OUR CUSTOMERS, SHIAWASSEE COUNTY  
INSPECTION REQUESTS CAN BE EMAILED TO [comdev@shiawassee.net](mailto:comdev@shiawassee.net).

PLEASE HAVE THE FOLLOWING INFORMATION READY:

ADDRESS OF PROJECT

TYPE OF PERMIT

(Building, Electrical)

TYPE OF INSPECTION

(Underground, Rough, Final, etc.)

CONTACT INFORMATION OF THE PERSON REQUESTING THE  
INSPECTION.

HOW TO GAIN ACCESS TO PROJECT

(Key Location, Lock Box Number, Open, etc.)

**ADDITIONAL INSPECTIONS AND REINSPECTIONS ARE  
SUBJECT TO ADDITIONAL FEES.**

**TO CONTACT AN INSPECTOR CALL THE MAIN OFFICE  
(989) 743-2396**

## **SHIAWASSEE COUNTY INSPECTION INFORMATION**

PART OF THE BUILDING PROCESS IS TO IDENTIFY THE JOB LOCATION AND HAVE INSPECTIONS DONE AT SPECIFIC STAGES DURING CONSTRUCTION. BEFORE AN INSPECTOR CAN PERFORM THEIR JOB THE PERMIT HOLDER SHALL OBSERVE THE FOLLOWING RULES.

- 1: THE BUILDING PERMIT OR COPY SHALL BE KEPT ON SITE UNTIL THE COMPLETION OF THE PROJECT.
- 2: THE SITE ADDRESS SHALL BE PROVIDED IN SUCH A POSITION TO BE PLAINLY VISABLE AND LEGIBLE FROM THE STREET OR ROAD FRONTING THE PROPERTY.

### **INSPECTIONS:**

THERE ARE A NUMBER OF INSPECTIONS REQUIRED IN EACH OF THE FOUR CODES (BUILDING, ELECTRIC, PLUMBING AND MECHANICAL); THEREFORE YOU MUST CALL WHEN YOU ARE READY FOR EACH TYPE OF INSPECTION. **ALL WORK SHALL BE INSPECTED FOR EACH TRADE AND AN APPROVAL STICKER POSTED, BEFORE WORK CONTINUES. DO NOT REMOVE ANY STICKERS UNTIL ALL FINAL INSPECTIONS ARE COMPLETE AND APPROVED.**

### **THE REQUIRED VISUAL INSPECTIONS ARE AS FOLLOWS:**

#### **BUILDING**

**FOUNDATION / FOOTING:** WHEN EXCAVATION IS COMPLETED, FORMS ARE SET, TRENCHES DUG, REQUIRED REINFORCING STEEL IS IN PLACE AND PRIOR TO PLACING ANY CONCRETE. WOOD FOUNDATIONS: STONE AND FOOTING PLATES ARE IN PLACE.

**BACKFILL:** WHEN FOUNDATION WALLS ARE DAMPPROOFED/ WATERPROOFED, AN APPROVED DRAINAGE SYSTEM INSTALLED, FOUNDATION ANCHORS INSTALLED PER MANUFACTURERS SPECIFICATIONS AND WALLS BRACED.

**ROUGH MASONRY:** WHEN THE BASE COURSE FLASHINGS AND WEATHER-RESISTANT SHEATHING PAPER HAVE BEEN INSTALLED AND BEFORE THE INSTALLATION OF ANY MASONRY VENEER (BRICK, STONE, ETC.).

**ROUGH FRAME:** (BEFORE INSULATING OR DRYWALL) WHEN THE ROOF, ALL FRAMING, FIRESTOPPING, DRAFTSTOPPING, AND BRACING ARE IN PLACE. EXTERIOR WINDOWS AND DOORS SHALL BE INSTALLED. **THE ELECTRICAL, PLUMBING AND MECHANICAL ROUGH INSPECTIONS HAVE ALL BEEN APPROVED.**

**FIRE RATED ASSEMBLY:** BEFORE WALLS ARE TAPED AND FINISHED (COMMERCIAL ONLY).

**INSULATION INSPECTION:** BEFORE DRYWALL OR OTHER INTERIOR WALL COVERING IS IN PLACE.

**FINAL:** WHEN THE PERMITTED WORK IS COMPLETE AND PRIOR TO OCCUPANCY. THE ELECTRICAL, MECHANICALS & PLUMBING FINAL INSPECTIONS HAVE ALL BEEN APPROVED. **SITE ADDRESS INSTALLED PER THE 911 ORDINANCES.** (4" MINIMUM ON THE STRUCTURE, 3" MINIMUM ON A POST 3' 6" - 5' TALL, OR ON A MAILBOX "POST" LOCATED ON THE LEFT HAND SIDE OF THE DRIVEWAY AS YOU ENTER THE PROPERTY AND VISIBLE FROM BOTH SIDES.)

#### **ELECTRICAL**

**TEMPORARY SERVICE:** WHEN TEMPORARY SERVICE IS COMPLETE AND READY FOR HOOKUP, IT SHALL HAVE ONE (1) GROUND ROD AND A GROUNDFAULT OUTLET. **A REQUEST NUMBER IS REQUIRED.**

**PERMANENT SERVICE:** WHEN PERMANENT SERVICE IS COMPLETE AND READY FOR HOOKUP, IT SHALL HAVE TWO (2) GROUND RODS SPACED A MINIMUM OF 6 FEET APART AND A GROUNDFAULT OUTLET. **A REQUEST NUMBER IS REQUIRED.**

**UNDERGROUND:** WHILE TRENCH IS OPEN.

**ROUGH IN:** WHEN WIRE IS PULLED, BOXES MADE UP (NO FIXTURES INSTALLED) AND SERVICE IS READY TO BE RELEASED. ALL PENETRATIONS THROUGH PLATES, AT 10-FOOT INTERVALS IN WALL CAVITIES, AND INTO RETURN AIR RUNS SHALL BE FIRE STOPPED.

**FINAL:** WHEN ALL FIXTURES ARE SET AND COVERS PLATES ARE ON.

**MECHANICAL:** \*ADMINISTERED THROUGH THE STATE OF MICHIGAN.\* [www.michigan.gov/bcc](http://www.michigan.gov/bcc)

**PLUMBING:** \*ADMINISTERED THROUGH THE STATE OF MICHIGAN.\* [www.michigan.gov/bcc](http://www.michigan.gov/bcc)

INSPECTORS MAY MAKE OR REQUIRE **OTHER INSPECTIONS** TO ASCERTAIN COMPLIANCE WITH THE CODES.

PLEASE REMEMBER EACH JOB IS DIFFERENT AND GOES AT DIFFERENT PACES. THEREFORE, WE HAVE NO IDEA WHEN YOU WILL BE READY FOR AN INSPECTION. PLEASE CALL AND LET US KNOW. MAKE SURE YOU ARE READY FOR THE INSPECTION. IF AN INSPECTION IS REQUESTED AND IS NOT READY OR THE BUILDING IS LOCKED, **A RE-INSPECTION IS REQUIRED AND A FEE WILL BE CHARGED.**

**DO NOT TO COVER ANY WORK UNTIL ALL APPROVALS ARE GIVEN.**

TO REQUEST INSPECTIONS, CALL OUR REQUEST LINE AT 989-743-2280 OR EMAIL  
**COMDEV@SHIAWASSEE.NET.**

WHEN CALLING FOR AN INSPECTION BE SURE TO HAVE THE FOLLOWING INFORMATION READY:

- A. ADDRESS OF PROJECT
- B. CONTACT NAME AND TELEPHONE NUMBER
- C. TYPE OF PROJECT (NEW HOME, ADDITION, COMMERCIAL, ETC...)
- D. TYPE OF INSPECTION REQUESTED (UNDERGROUND, ROUGH, FINAL OR REINSPECTION, ETC.)
- E. IF HOME IS OPEN OR IF THERE IS A KEY OR LOCK BOX CODE FOR THE INSPECTOR

THANK YOU FOR YOUR COOPERATION AND "GOOD LUCK" WITH YOUR PROJECT

**SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT - BUILDING DIVISION  
201 NORTH SHIAWASSEE ST, THIRD FLOOR, SURBECK BUILDING  
CORUNNA, MICHIGAN 48817**

**FOR ANY QUESTIONS PLEASE CONTACT THE MAIN OFFICE AT:  
(989) 743-2396**

Revised: June 15, 2021