

P.O. Box 178 114 WOODHULL ST. LAINGSBURG, MICHIGAN 48848-0178

PHONE (517) 651-5374 FAX (517) 651-5604

## SHED CHECKLIST

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

- ☐ Completed zoning permit
- ☐ 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 – or an Affidavit for a waiver.

If larger than \_\_\_\_\_ the following are required:

- ☐ A completed building permit application
- ☐ A Contractor Registration Form
- ☐ A Roof Loading Data Sheet
- ☐ Cross Section Detail Form
- ☐ A complete set of building and foundation plans
- ☐ A Michigan Uniform Energy Code Form

# APPLICATION for a ZONING PERMIT

City of Laingsburg

114 N Woodhull

P.O. Box 178

Laingsburg, Mi 48848

Phone: (517) 651-5374 • Fax: (517) 651-5512

Email: clerk@laingsburg.us

App. Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Permit # \_\_\_\_\_

Review Date: \_\_\_\_\_ ☐ Approved ☐ Denied 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: _____		<input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey	
City/State/Zip: _____		<input type="checkbox"/> Proof of Ownership	
Phone: _____		<input type="checkbox"/> Septic Permit # _____ Well Permit # _____	
Fax/Email: _____		<input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit	
		<input type="checkbox"/> New Address <input type="checkbox"/> New Sewer Connection	
Type of Request		Yes	No
<input type="checkbox"/> Principal Structure			
<input type="checkbox"/> Accessory Structure			
<input type="checkbox"/> Agricultural Structure			
<input type="checkbox"/> Temporary Structure/Use			
<input type="checkbox"/> Demolition Permit			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Home Occupation			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Deck or Porch			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Solar			
<input type="checkbox"/> Outdoor Solid Fuel Furnace			
<input type="checkbox"/> Shared Driveway			
<input type="checkbox"/> Buildable Lot Study			
<input type="checkbox"/> Hazardous Material Storage			
<input type="checkbox"/> Other: _____			
Describe Proposed Building or Land Use:		For All Applications	
_____		Did you attach a "Site Plan Drawing"?	
_____		Are you making grade (earth) changes?	
_____		Is your project within 500 ft. of surface water?	
_____		Is this site currently violating the Ordinance?	
		For Sign Permits Only	
		Type of Business: _____	
		Total display area in square feet: _____	
		Proposed setback from Right-of-Way: _____	
		Sign height: _____ Sign purpose: _____	
		Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other	
		Height and width of wall: _____	
		Attach Sign drawing showing copy <input type="checkbox"/>	
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 \_\_\_\_\_

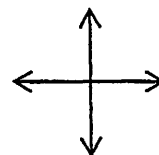
Date \_\_\_\_\_

# 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.

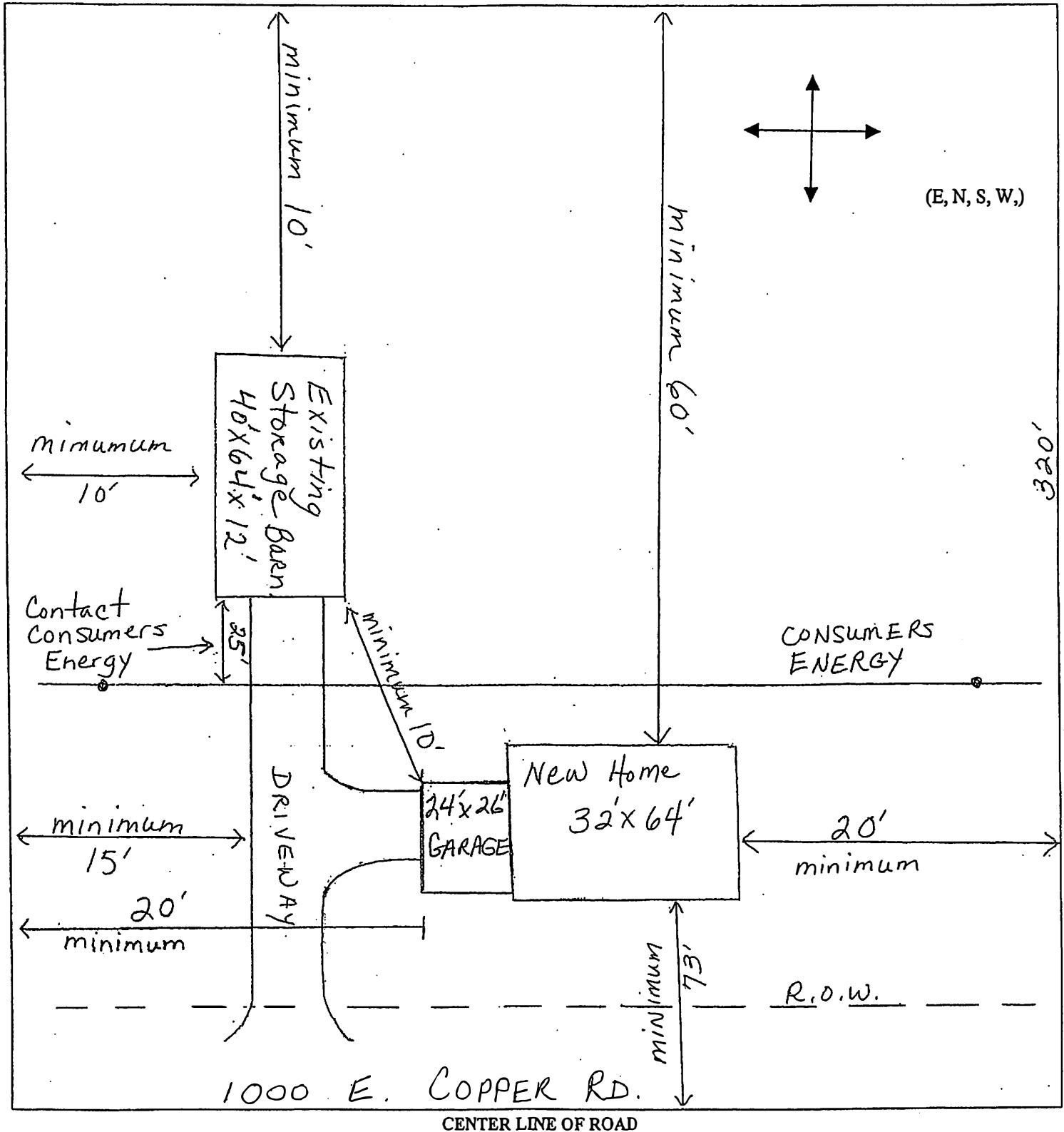
## SHIA WASSEE COUNTY ZONING SITE PLAN GRID

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, State, Zip: _____			
Contractor: _____		Email: _____	Phone: _____
Contractor Address, City, State, Zip: _____			
Alternate Phone/ Contact Information: _____		License #: _____	Expiration Date: _____
Use of Building: _____		Foundation Type: Poured Wall <input type="checkbox"/> Post <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>	
Class of Work: New Home <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement <input type="checkbox"/> Conventional Frame <input type="checkbox"/> Post Frame <input type="checkbox"/> Modular <input type="checkbox"/>			
HUD Double Wide/ Single Wide <input type="checkbox"/> Structured Steel <input type="checkbox"/>			
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, 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 or Authorized Agent*	(Date)
Signature of Owner (if owner is doing building)	(Date)

**\*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.**

## FOR OFFICE USE ONLY

Administration Fee: \$40.00

Total Valuation		Permit Fee	
Requirements	Required	Received	Not Required
Contractor Registration			
Zoning			
Plans			
Truss Drawings			
Energy Comp/Blower Door			
Comm. Plan Review Fee			

## REQUIRED INSPECTIONS

<input type="checkbox"/> FOOTING	<input type="checkbox"/> BACKFILL	<input type="checkbox"/> ROUGH
<input type="checkbox"/> INSULATION	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER

Application Received by:	Plan Reviewed by:	Approved for issuance by:
--------------------------	-------------------	---------------------------

## Date Received

02/08/22