

City of Laingsburg
114 N Woodhull P.O. Box 178
Laingsburg, MI 48848
Ph: (517) 651-5374 Email: clerk@laingsburg.us
<https://www.laingsburg.us/building-zoning/building-zoning-forms/>

DECK PERMIT CHECKLIST

ZONING PERMIT

- _____ 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 Shiawassee County Environmental Health. Additional information can be found [here](#).

BUILDING PERMIT

(Contractors must be registered with the Building Department)

- _____ 1. Completed **Building Permit Application** form.
- _____ 2. Completed **Residential Deck Specifications**.
- _____ 3. **Blueprints and/or Plans:** Must include overhead view of the deck reflecting: footing/ post locations as well as beam and joist layout.

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED

***Commercial and Industrial construction requires Site Plan Review Approval**

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: <input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Septic Permit # _____ Well Permit # _____ <input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit <input type="checkbox"/> New Address New Sewer Connection	
Address: _____			
City/State/Zip: _____			
Phone: _____			
Fax/Email: _____			
Type of Request		Yes	No
<input type="checkbox"/> Principal Structure			
<input type="checkbox"/> Accessory Structure			Did you attach a "Site Plan Drawing"?
<input type="checkbox"/> Agricultural Structure			Are you making grade (earth) changes?
<input type="checkbox"/> Temporary Structure/Use			Is your project within 500 ft. of surface water?
<input type="checkbox"/> Demolition Permit			Is this site currently violating the Ordinance?
<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:			
For All Applications			
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
114 N Woodhull Rd
Laingsburg, MI 48848

Building Official: Rob Kehoe
 Phone: (810) 516-1191
 Email: bldoff3889@aol.com

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B 2024 B

Authority: 1972 PA 230 Penalty: Failure to provide the information may result in denial of your request.	LAINGSBURG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			CITY
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			ZIP CODE
COUNTY	BETWEEN		AND

Applicant				
NAME			E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner of the land in fee on which the building or structure will be constructed				
NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

Cost and Fees				
ESTIMATED PROJECT COST				
\$ _____				
Re-Open Expired Permit	\$40.00			
CERTIFICATE OF OCCUPANCY (\$50.00 FEE)		BUILDING PERMIT FEE ENCLOSED		OR STATE ACCOUNT NUMBER _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		(The first \$100.00 of an application is non-refundable) \$ _____		

Validation – For Department Use Only	Validation Area
USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ APPLICATION FEE (non-refundable) \$ _____ CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ NUMBER OF INSPECTIONS _____ \$ _____ TOTAL PERMIT FEE \$ _____ APPROVAL SIGNATURE _____	

Residential builder or Residential maintenance and alteration contractor			
NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Purpose of Project				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input checked="" type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> OTHER _____

Plan Review Required
<p>2 sets of construction documents are required with each application for a permit. Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one- and two-family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.</p>

Residential - Buildings Regulated by the Michigan Residential Code		
<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> OTHER _____

Buildings Regulated by the Michigan Building Code		
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY)
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	

WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCOPE OF WORK?
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Type of Construction		
<input type="checkbox"/> 1A - Non-Combustible (Protected Structural Elements) 3HR	<input type="checkbox"/> 1B - Non-Combustible (Rated Structural Elements) 2HR	<input type="checkbox"/> 2A - Non-Combustible (Rated Structural Elements) 1HR
<input type="checkbox"/> 2B - Non-Combustible (Non-Rated Structural Elements)	<input type="checkbox"/> 3A - Non-Combustibles (Exterior Walls Only)	<input type="checkbox"/> 3B - Non-Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 - Heavy Timber	<input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

Site or Plot Plan - For Applicant Use																													

Local Governmental Agency to Complete This Section

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
C - Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
D - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
E - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				

General: Building work shall not be started until the permit has been issued by the City of Laingsburg. All installations shall be in compliance with the Michigan Building Codes. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. **When ready for an inspection, call the inspector providing as much advance notice as possible and provide the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.**

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 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$40.00.**

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.

I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE

DATE

Residential Deck Specifications

Deck Guards

Guards are required if the floor is 30 inches or more off the ground. Openings shall be sized so a 4 inch sphere will not pass through.

Floor Joist Clear Span -

Floor Joist Size -

Floor Joist Spacing -

Deck Floor Material -

Carrier/Bearn Size of Lumber & Quantity -

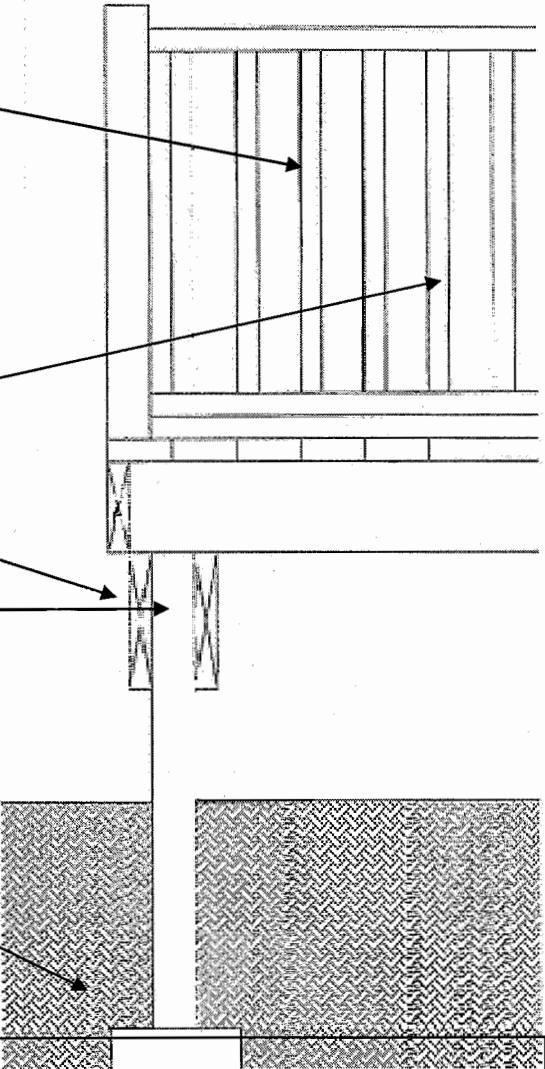
Is the Deck Attached to the House - Yes - No -

Post Size -

Post Spacing - Feet Inches

Footing Depth Below Grade - Inches

Footings - Width Height



Deck Stairways

Stairways shall not be less than 36 inches in clear width. The maximum riser height shall be 8 1/4 inches and the minimum tread depth shall be 9 inches.

Deck Stairway Handrails

All required handrails shall be continuous the full length of stairways with 3 or more risers on at least 1 side of stairways. Handrails shall be placed not less than 34 inches or more than 38 inches above the nosing of the treads. The handgrip portion of handrails shall have a circular cross section of 1 3/4 inches minimum to 2 5/8 inches maximum. Other handrail shapes that provide an equivalent grasping surface are permissible. Edges shall have a minimum radius of 1/8 inch. Open sides of stairs with a total rise of more than 30 inches above the floor or grade below shall have guards not less than 34 inches in height measured vertically from the nosing of the treads.

NOTE: DECK OVERHEAD LAYOUT IS REQUIRED