

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

## NEW HOME CHECKLIST

### ZONING PERMITS

- \_\_\_\_\_ **1.) Completed Zoning Permit Application.**
  - a. Proof of ownership if purchased within the last year.
  - b. Certificate of Land Division/Combination. (If applicable)
  - c. Copy of the proposed home floor plan
- \_\_\_\_\_ **2.) Completed Address Request Form.**
  - a. Approved Driveway Permit (with signature) from the Department of Public Works.
- \_\_\_\_\_ **3.) Plot Plan**, which must be legible and include property dimensions; side & rear setbacks from property lines & front setbacks from the centerline of the road, distances of the proposed structure(s) from other structures on the property, overhead wires, drains, and all other significant features of the land.
- \_\_\_\_\_ **4.) Septic Permit (if applicable)** submitted to the Shiawassee County Office of Environmental Health.
- \_\_\_\_\_ **5.) Well Permit** submitted to the Shiawassee County Office of Environmental Health.
- \_\_\_\_\_ **6.) Sewer Connection Application and receipt of connection fee**
- \_\_\_\_\_ **7.) Soil Erosion and Sedimentation Review/Waiver** application submitted to ShiawasseeCounty Office of Environmental Health.

### BUILDING PERMITS - *Contractors must be registered with the Building Department*

- \_\_\_\_\_ **1.) Completed Building Permit Application.**
- \_\_\_\_\_ **2.) Two (2) complete sets of building & foundation plans/specifications**, including a cross section.
- \_\_\_\_\_ **3.) Completed Truss Drawings** with Application.
- \_\_\_\_\_ **4.) Provide Michigan Energy Code compliance form.**
- \_\_\_\_\_ **5.) Contractor's Registration form** (Unless already registered)

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

City Of Laingsburg  
114 N Woodhull P.O. Box 178  
Laingsburg, Mi 48848  
Ph: (517) 651-5374 F: (517) 651-5512 Email: clerk@laingsburg.us

## ADDRESS REQUEST FORM

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

Tax Roll #:

Section/Lot #:

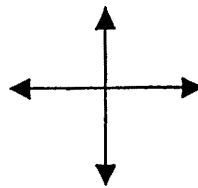
**THE TAX ROLL NUMBER IS IMPORTANT IN LOCATING THE PROPERTY. IT MUST BE INCLUDED ON EACH APPLICATION. THE APPLICATION WILL NOT BE ACCEPTED WITHOUT THE TAX ROLL NUMBER.**

### **Instructions:**

- 1) Sketch parcel with location of approved driveway in relation to property lines in feet.
- 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) Proof of Ownership if purchased within the last year.

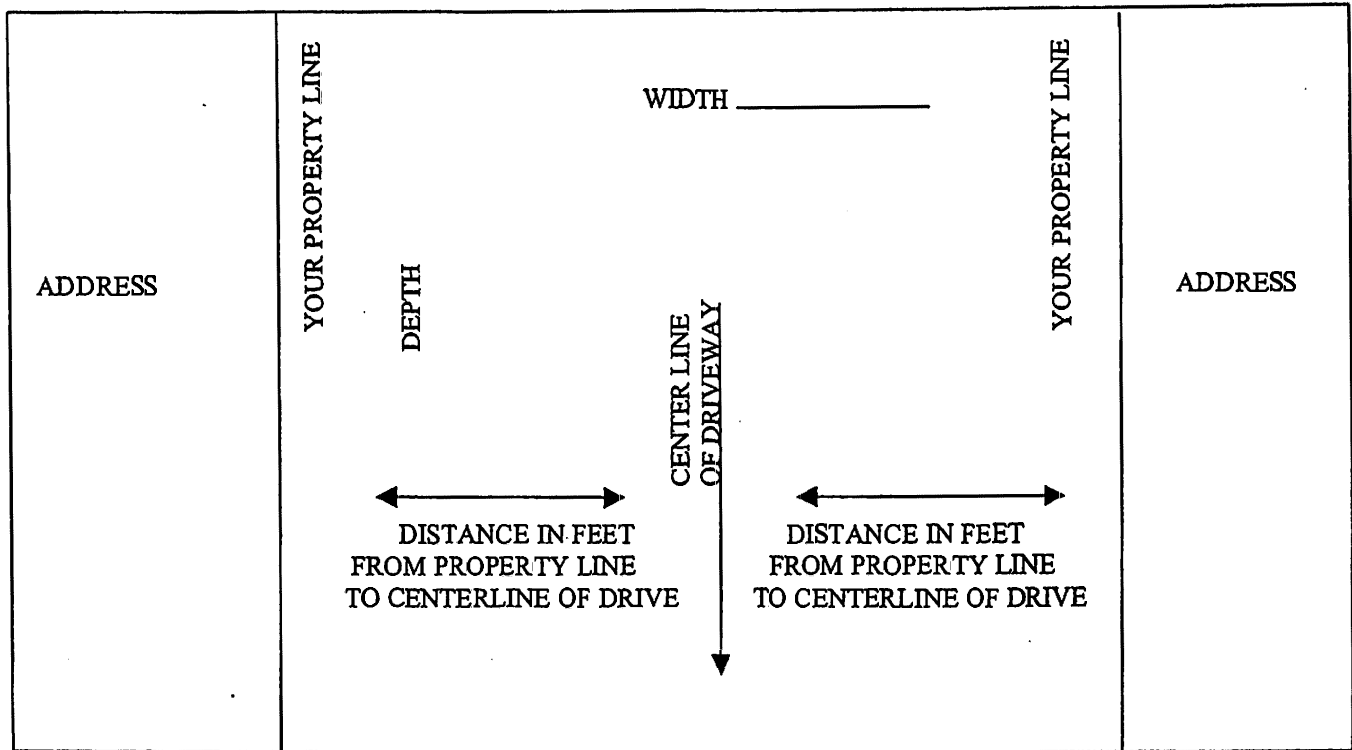
**Drawing Space on the Reverse Side. Please Print Clearly.**

SKETCH NEED NOT BE TO SCALE BUT  
BE SURE MEASUREMENTS ARE ACCURATE



(E, N, S, W.)

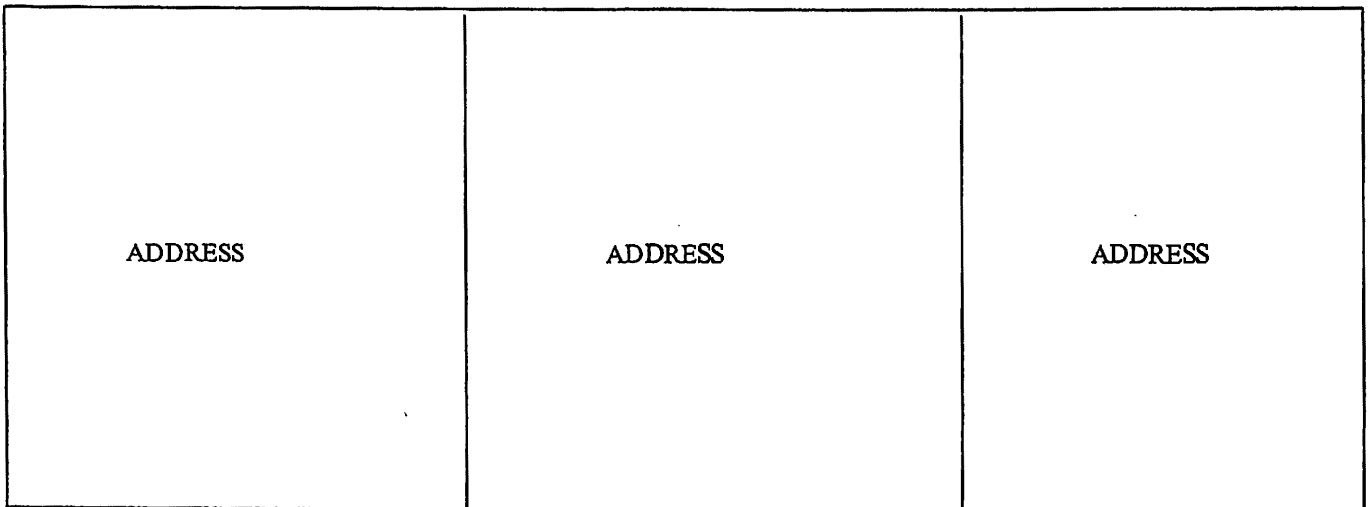
**DRIVEWAY MUST BE A MINIMUM OF 15 FEET OFF SIDE LOT LINES**



CROSS ROAD/STREET

ROAD / STREET NAME \_\_\_\_\_

CROSS ROAD/STREET



# 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: _____		<b>Please Attach All That Apply:</b> <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			
<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:			
<b>For All Applications</b>			
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?			
<b>For Sign Permits Only</b>			
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"/>			
<b>Describe Proposed Building or Land Use:</b>			
_____			
_____			

**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

**120**  
**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	_____	_____	_____



**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



**MICHIGAN UNIFORM ENERGY CODE COMPLIANCE FORM  
(MUST BE COMPLETED FOR ALL NEW HOMES, ADDITIONS AND RESIDENTIAL ALTERATIONS)**

There are two ways to comply with the ENERGY CODE. Indicate what method has been used to provide documentation of code compliance.

1. Prescriptive method (See table 402.1.1).
2. System Analysis method (See table 2).

**TABLE N1102.1.1 (R402.1.1)  
INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT<sup>A</sup>**

<sup>A</sup>Shiawassee County is in Climate Zone 5A

CLIMATE ZONE	FENESTRATION U-FACTOR <sup>b</sup>	SKYLIGHT <sup>b</sup> U-FACTOR	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE <sup>g</sup>	FLOOR R-VALUE	BASEMENT <sup>c</sup> WALL R-VALUE	SLAB <sup>d</sup> R-VALUE & DEPTH	CRAWL SPACE <sup>e</sup> WALL R-VALUE
*5A	0.32	0.55	38	20 or 13+5 <sup>f</sup>	13/17	30 <sup>e</sup>	10/13	10, 2 ft	15/19
6A	0.32	0.55	49	20 or 13+5 <sup>f</sup>	15/20	30 <sup>e</sup>	15/19	10, 4 ft	15/19
7	0.32	0.55	49	20 or 13+5 <sup>f</sup>	19/21	38 <sup>e</sup>	15/19	10, 4 ft	15/19

- a. R-values are minimums. U-factors are maximums. When insulation is installed in a cavity which is less than the label or design thickness of the insulation, the installed R-value of the insulation shall not be less than the R-values specified in the table. b. The fenestration U-factor column excludes skylights.
- c. "15/19" means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" may be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- d. R-5 shall be added to the required slab edge R-values for heated slabs.
- e. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- f. First value is cavity insulation, second is continuous insulation or insulated siding, so "13 5" means R-13 cavity insulation plus R-5 continuous insulation or insulated siding. If structural sheathing covers 40% or less of the exterior, continuous insulation R-value may be reduced by no more than R-3 in the locations where structural sheathing is used to maintain a consistent total sheathing thickness.
- g. The second R-value applies when more than half the insulation is on the interior of the mass wall. R 408.30547d

**TABLE 2 (System Analysis)  
COMPLIANCE WITH THE Michigan Energy Code can be accomplished with the use of the following programs:**

1. Michigan Uniform Energy Code – 2015 (Detached 1 and 2 family dwellings).
2. Meeting the design, construction, and certification requirements under the United States EPA **ENERGY STAR HOMES PROGRAM**.
3. Meeting the design and construction guidelines of the **HOME ENERGY RATING SYSTEM (HERS)** with a minimum test score of 85.
4. Achieving an approval using the insulation requirements in **RES check** using software version 4.4.1.

**401.3 Certificate.** A permanent certificate shall be posted on or in the electrical distribution panel, and shall meet all of the following:

- a. Be affixed or attached so it does not cover or obstruct the visibility of the circuit directory label, service disconnect label, or other required labels.
- b. Be completed by the builder or registered design professional.
- c. List the predominant R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces and U-factors for fenestration. If there is more than 1 value for each component, then the certificate shall list the value covering the largest area.
- d. List the types and efficiencies of heating, cooling and service water heating equipment.
- e. If a gas fired unvented room heater, electric furnace, or baseboard electric heater is installed in the residence, then the certificate shall list "gas-fired unvented room heater," as appropriate. An efficiency shall not be listed for gas-fired unvented room heaters, electric furnaces, or electric baseboard heaters. R408.31061

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

Signature: \_\_\_\_\_

# **City of Laingsburg 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 3½' – 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-FEET 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**

**UNDERGROUND:** REQUIRED IF ANYTHING IS TO BE COVERED BY FILL OR CONCRETE.

**ROUGH IN:** WHEN ALL MECHANICAL EXHAUST FANS AND REQUIRED VENTS ARE INSTALLED AND ALL CUTTING / FRAMING COMPLETED. ALL PENETRATIONS THROUGH PLATES AND AT 10-FEET INTERVALS IN WALL CAVITIES SHALL BE FIRE STOPPED.

**FINAL:** WHEN THE FURNACE AND OR AIR CONDITIONING IS COMPLETED AND OPERATING PROPERLY. ALL EXTERIOR GAS PIPES ARE PAINTED.

### **PLUMBING**

**UNDERGROUND:** WHEN ALL SANITARY DRAIN LINES, WATER LINES, AND SUBSOIL DRAIN TILES ARE INSTALLED THAT WILL BE COVERED AND BEFORE FILL OR CONCRETE IS PLACED.

**ROUGH:** WHEN ALL WATER LINES, DRAIN LINES (INCLUDING THE BUILDING DRAIN IN THE CRAWL SPACE OR BASEMENT) AND VENTS ARE INSTALLED AND PROPERLY SUPPORTED. ALL PENETRATIONS THROUGH PLATES, AT 10-FEET INTERVALS IN WALL CAVITIES AND INTO RETURN AIR RUNS SHALL BE FIRE STOPPED.

**FINAL:** WHEN ALL FIXTURES ARE SET AND OPERATING PROPERLY WITH HOT WATER.

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 ROB KEHOE (810) 516-1191**

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

## **INSPECTION REQUEST INFORMATION**

INSPECTION REQUEST LINE(810) 516-1191

ELECTRICAL INSPECTIONS - John Keetch (517) 256-3722

MECHANICAL INSPECTIONS - Joe Hardin (248) 866-5765

PLUMBING INSPECTIONS - John Pomaville (517) 749-7707

PLEASE HAVE THE FOLLOWING INFORMATION READY:

ADDRESS OF PROJECT

TYPE OF PERMIT

(Building, Electrical, Plumbing, etc.)

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 (810) 516-1191**

## Certificate of Occupancy Punch List

Address: \_\_\_\_\_

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

**Final Building Permit** ..... Date: \_\_\_\_\_

**Final Electrical Permit**..... Date: \_\_\_\_\_

**Final Mechanical Permit**..... Date: \_\_\_\_\_

**Final Plumbing Permit** ..... Date: \_\_\_\_\_

**Final LP Gas Mechanical Permit** ..... Date: \_\_\_\_\_

**Verify Blower Door/Energy Compliance** Date: \_\_\_\_\_

**Verified Drinkable Water Test**..... Date: \_\_\_\_\_

**Truss Drawings Received**..... Date: \_\_\_\_\_

**2015 MICHIGAN RESIDENTIAL CODE  
N1102.4.1.2 (R402.4.1.2) TESTING (BLOWER DOOR)**

**N110 2.4.1.2 (R402.4.1.2) Testing (prescriptive).** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 4 air changes per hour. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 pascals). Where required by the code official, testing shall be conducted by a certified independent third party. Certification programs shall be approved by the state construction code commission. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures;
2. Dampers including exhaust, intake, makeup air, backdraft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures;
3. Interior doors, if installed at the time of the test, shall be open;
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed;
5. Heating and cooling systems, if installed at the time of the test, shall be turned off; and
6. Supply and return registers, if installed at the time of the test, shall be fully open.

**TABLE N1102.4.1.1 (402.4.1.1)  
AIR BARRIER AND INSULATION INSTALLATION**

COMPONENT	AIR BARRIER CRITERIA
Air barrier and thermal barrier	A continuous air barrier shall be installed in the building envelope. The exterior thermal envelope contains a continuous air barrier. Breaks or joints in the air barrier shall be sealed. Air-permeable insulation shall not be used as a sealing material.
Ceiling/attic	The air barrier in any dropped ceiling/soffit shall be aligned with the insulation and any gaps in the air barrier sealed. Access openings, drop down stairs or knee wall doors to unconditioned attic spaces shall be sealed.
Walls	Corners and headers shall be insulated and the junction of the foundation and sill plate shall be sealed. The junction of the foundation and sill plate shall be sealed. The junction of the top plate and the top of exterior walls shall be sealed. Exterior thermal envelope insulation for framed walls shall be installed in substantial contact and continuous alignment with the air barrier. Knee walls shall be sealed.
Windows, skylights and doors	The space between window/door jambs and framing, and skylights and framing shall be sealed.
Rim joists	Rim joists shall be insulated and include the air barrier.
Floors (including above garage and cantilevered floors)	Insulation shall be installed to maintain permanent contact with the underside of subfloor decking. The air barrier shall be installed at any exposed edge of insulation.
Crawl space walls	Where provided in lieu of floor insulation, insulation shall be permanently attached to the crawl space walls. Exposed earth in unvented crawl spaces shall be covered with a Class I vapor retarder with overlapping joints taped.
Shafts, penetrations	Duct shafts, utility penetrations, and flue shafts opening to exterior or unconditioned space shall be sealed.
Narrow cavities	Batts in narrow cavities shall be cut to fit, or narrow cavities shall be filled by insulation that on installation readily conforms to the available cavity space.
Garage separation	Air sealing shall be provided between the garage and conditioned spaces.
Recessed lighting	<i>Recessed light fixtures installed in the building thermal envelope shall be air tight, IC rated and sealed to the drywall.</i>
Plumbing and wiring	Batt insulation shall be cut neatly to fit around wiring and plumbing in exterior walls, or insulation that on installation readily conforms to available space shall extend behind piping and wiring.
Shower/tub on exterior wall	Exterior walls adjacent to showers and tubs shall be insulated and the air barrier installed separating them from the showers and tubs.
Electrical/phone box on exterior walls	The air barrier shall be installed behind electrical or communication boxes or air-sealed boxes shall be installed.
HVAC register boots	HVAC register boots that penetrate building thermal envelope shall be sealed to the subfloor or drywall.
Fireplace	An air barrier shall be installed on fireplace walls.

a. In addition, inspection of log walls shall be in accordance with the provisions of ICC 400.