



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: <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 <input type="checkbox"/> 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			For Sign Permits Only
<input type="checkbox"/> Deck or Porch			Type of Business: _____
<input type="checkbox"/> Pool			Total display area in square feet: _____
<input type="checkbox"/> Solar			Proposed setback from Right-of-Way: _____
<input type="checkbox"/> Outdoor Solid Fuel Furnace			Sign height: _____ Sign purpose: _____
<input type="checkbox"/> Shared Driveway			Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other
<input type="checkbox"/> Buildable Lot Study			Height and width of wall: _____
<input type="checkbox"/> Hazardous Material Storage			Attach Sign drawing showing copy <input type="checkbox"/>
<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
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			ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:		CITY	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 (The first \$100.00 of an application is non-refundable)		OR STATE ACCOUNT NUMBER _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ _____		

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 _____	
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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

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.

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? YES NO SCOPE OF WORK?

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