



249 N. MILLER ROAD  
SAGINAW, MI 48609

## **Requirements for Obtaining a Building Permit**

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### **Residential Structures**

(One – and Two-Family Residential with *less* than 3,500 square feet of calculated floor area)

- Building Permit Application
- Minimum of two (2) sets of plans that include the following:
  - Foundation and floor plans.
  - Roof and wall section.
  - Building elevations.
  - Site plan.

### **Commercial Structures**

(Including One-and Two-Family Residential with *more* than 3,500 square feet of calculated floor area)

- Building Permit Application.
- Copy of plan review approval letter. Plan review must be approved prior to a building permit being issued.

### **Mobile and Pre-manufactured Homes**

- Building permit Application.
- Minimum of two (2) sets of plans for the foundation and the method of anchoring the unit to the foundation.
- Site plan.
- For Michigan approved pre-manufactured units; one (1) copy of the Building System Approval and the approved plans.

### **Instructions for Completing Application**

Page 1 of the application: Complete all applicable sections. Note section IIc). If the homeowner is doing the construction, enter "Homeowner" in the contractor information space.

Page 2 of the application: Enter the information as required.

Page 3, Section VI of the application: Must be completed by the permit applicant and **signed**.

Section VII. Must be completed by the local governmental agency (city/township) for zoning (environmental) approval. In certain jurisdictions, a land use permit may be substituted. Note (g) and (h). Indicate whether a well or septic approval is required. Well and septic permits are typically issued by the county health department.

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Thomas Township  
249 N. Miller Road  
Saginaw, MI 48609  
(989) 781-0150

Authority: 1972 PA 230  
Completion: Mandatory to obtain permit  
Penalty: Permit cannot be issued

## Applicant to Complete All Items in Sections I, II, III, IV V and VI

**Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits**

<b>Project Information</b>			
PROJECT		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <b>OF:</b>			
BETWEEN		AND	
<b>II. Identification</b>			
<b>A. Owner or Lessee</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<b>B. Architect or Engineer</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER		EXPIRATION DATE	
<b>C. Contractor</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMP INSURANCE CARRIER (or reason for exemption)			
UTA NUMBER (or reason for exemption)			
<b>III. Type of Improvement and Plan Review</b>			
<b>A. Type of Improvement</b>			
<input type="checkbox"/> 1. NEW BUILDING	<input type="checkbox"/> 3. ALTERATION	<input type="checkbox"/> 5. DEMOLITION	<input type="checkbox"/> 7. FOUNDATION ONLY
<input type="checkbox"/> 2. ADDITION	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 6. MOBILE HOME SET-UP	<input type="checkbox"/> 8. PREMANUFACTURE
		<input type="checkbox"/> 9. RELOCATION	<input type="checkbox"/> 10. SPECIAL INSPECTION
<b>B. Plan Review Required</b>			
<b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b>			
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.			
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.			
<b>BCC Plan Review Project No.</b>		<b>School Site Plan Review No.</b>	

## **Building Permit Fees**

Building permit fees may be obtained from the Building Inspector, by calling the Building Department at (989) 781-0151. They are set by the Township Board Resolution.

### **You will need to furnish the following information when calling**

- Total square footage of structure.
- Use group (i.e., "R-3" use group for single family homes, "U" use group for detached garages, pole barns, etc.)
- Type of construction ("5B" for wood frame construction).

If you submit your building permit application and plans without money, our application will be put on hold until all fees are paid.

## **When to call for an Inspection**

Please call the building inspector's telephone number listed on your building permit at least one (1) day prior to the time you need an inspection. A minimum of four (4) inspections are required on most structures. It is the permit holder's responsibility to call for inspections. Prior to the construction being covered.

### **Foundation Inspections**

Footing Inspection – Prior to placing concrete in piers, trenches and formwork.

Backfill Inspection – Prior to backfill and after footings, wall, waterproofing, and drain tile are installed.

### **Rough Inspection**

The rough inspection is to be made after the roof, all framing, fire stopping, bracing, electrical, mechanical and plumbing rough installations are in place, and before the insulation is installed.

### **Final Inspections**

The final inspection is to be made upon completion of the building or structure, and before occupancy occurs.

## **Certificate of Occupancy**

A new building or a building that is altered shall not be used or occupied until a Certificate of Occupancy is issued by the code official. The permit holder or their authorized agent must request a Certificate of Occupancy upon the completion of the project. This request may be verbal, however it is recommended that a written request be sent in, which includes the building, electrical, mechanical, plumbing, boiler and elevator permit numbers, the plan review submission number, and the Bureau of Fire Services project number (for Schools only). A Certificate of Occupancy cannot be issued until all fees are paid, permits are finalized and the work covered by a building permit has been completed in accordance with the permit, the code, and other applicable laws and ordinances. If an electrical, mechanical, plumbing, boiler or elevator permit, plan review submission or Fire Services project is not required, write "not applicable" on the request form in the appropriate space.

<b>IV. Proposed Use Of Building</b>			
<b>A. Residential</b>			
<input type="checkbox"/> 1. ONE FAMILY	<input type="checkbox"/> 3. HOTEL, MOTEL, NO. OF UNITS _____	<input type="checkbox"/> 5. DETACHED GARAGE	
<input type="checkbox"/> 2. TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> 4. ATTACHED GARAGE	<input type="checkbox"/> 6. OTHER _____	
<b>B. Non-Residential</b>			
<input type="checkbox"/> 7. AMUSEMENT	<input type="checkbox"/> 11. SERVICE STATION	<input type="checkbox"/> 15. SCHOOL, LIBRARY,	
<input type="checkbox"/> 8. CHURCH, RELIGION	<input type="checkbox"/> 12. HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> 16. EDUCATIONAL	
<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 13. OFFICE, BANK, PROFESSIONAL	<input type="checkbox"/> 17. STORE, MERCANTILE	
<input type="checkbox"/> 10. PARKING GARAGE	<input type="checkbox"/> 14. PUBLIC UTILITY	<input type="checkbox"/> 18. TANKS, TOWERS	
NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.			
<b>V. Selected Characteristics of Building</b>			
<b>A. Principal Type of Frame</b>			
<input type="checkbox"/> 1. MASONRY, WALL BEARING	<input type="checkbox"/> 2. WOOD FRAME	<input type="checkbox"/> 3. STRUCTURAL STEEL	<input type="checkbox"/> 4. REINFORCED CONCRETE
<input type="checkbox"/> 5. OTHER _____			
<b>B. Principal Type of Heating Fuel</b>			
<input type="checkbox"/> 6. GAS	<input type="checkbox"/> 7. OIL	<input type="checkbox"/> 8. ELECTRICITY	<input type="checkbox"/> 9. COAL
<input type="checkbox"/> 10. OTHER _____			
<b>C. Type of Sewage Disposal</b>			
<input type="checkbox"/> 11. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 12. SEPTIC SYSTEM	
<b>D. Type of Water Supply</b>			
<input type="checkbox"/> 13. PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> 14. PRIVATE WELL OR CISTERN	
<b>E. Type of Mechanical</b>			
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>F. Dimensions /Data</b>			
17. NUMBER OF STORIES _____	<input type="checkbox"/> 21. FLOOR AREA:	<b>EXISTING</b>	<b>ALTERATIONS</b>
18. USE GROUP _____	BASEMENT		<b>NEW</b>
19. CONSTRUCTION TYPE _____	1ST & 2ND FLOOR		
20. NO. OF OCCUPANTS _____	3RD - 10TH FLOOR		
	11TH -ABOVE		
	TOTAL AREA		
<b>G. Number of Off Street Parking Spaces</b>			
22. ENCLOSED _____		23. OUTDOORS _____	

<b>VI. Applicant Information</b>					
<b>APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.</b>					
NAME		ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)		
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)					
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.					
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>Signature of Applicant</i>					
BUILDING PERMIT FEE ENCLOSED (The first \$75,00 of an application is non-refundable)		OR STATE ACCOUNT NUMBER			
\$ _____		_____			
<b>VII. Local Governmental Agency to Complete This Section</b>					
<b>ENVIRONMENTAL CONTROL APPROVALS</b>					
	<b>REQUIRED?</b>	<b>APPROVED</b>	<b>DATE</b>	<b>NUMBER</b>	<b>BY</b>
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>VIII. Validation -For Department Use Only</b>					
USE GROUP			BASE FEE		
TYPE OF CONSTRUCTION			NUMBER OF INSPECTIONS		
SQUARE FEET					
<b>APPROVAL SIGNATURE</b>					
TITLE			DATE		

# REQUIRED BUILDING PERMIT INFORMATION

Please state what you are intending to build: \_\_\_\_\_

Parcel #: \_\_\_\_\_

## PROJECT COST

Total construction cost of this project: \$ \_\_\_\_\_

## SQUARE FEET ADDED OR REMODELED

Finished Sq. Ft.:	1 <sup>st</sup> Story:	2 <sup>nd</sup> Story:	3 <sup>rd</sup> Story:
Basement Sq. Ft.:	Finished:	Unfinished:	Garage Sq. Ft.:
Deck Sq. Ft.:	Porch Sq. Ft.:	Covered Patio Sq. Ft.:	Other Sq. Ft.:

## GENERAL INFORMATION

Owner:	Address:	Phone:
General Contractor:		City License #:
Electrical Contractor:		City License #:
Plumbing Contractor:		City License #:
Mechanical Contractor:		City License #:
Contact:		Phone #:
Party responsible for payment of construction, connection, and metering costs:		
Name:		Phone #:

I hereby acknowledge that I have read this application; filled out in full the information required and have completed an accurate plot plan. I state that all of the information required is correct. I agree to build this structure according to the Tomas Township Ordinance and the Michigan Building Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner, Qualified Individual)

# Single Family Residential Addition

2x \_\_\_\_\_ rafters spaced \_\_\_\_\_ " O.C. or  
 Manufactured Trusses spaced \_\_\_\_\_ " O.C.  
*(example: 2 x 12 Rafters Spaced 24" O.C.)*

Sheathing \_\_\_\_\_  
*(example: 1/2" exterior plywood)*

Ridge Board Size \_\_\_\_\_

Roof Covering \_\_\_\_\_  
*(example: Class A 3 tab shingles)*

12  
 pitch

Underlayment \_\_\_\_\_  
*(example: 1 layer 15# felt)*

## BUILDING SECTION

**Note:** For roofs with slopes less than 4:12, follow manufacturer's instructions for low slope application of roofing material

**Note:** Attic ventilation and access may be required

Provide roof tie downs  
 Solid 2x blocking between rafters that are 2x12 or greater

Ceiling Insulation \_\_\_\_\_  
*(example: R-30)*

Wall Insulation \_\_\_\_\_  
*(example: R-13 Fiberglass Batts)*

2x \_\_\_\_\_ ceiling joists @ \_\_\_\_\_ O.C.  
*(example: 2 x 8@24" O.C.)*

Double 2x \_\_\_\_\_ top plate  
*(example: 2 x 4)*

Span \_\_\_\_\_  
*(example: 23' 5")*

Ceiling Height \_\_\_\_\_  
*(example: 8')*

Siding \_\_\_\_\_  
*(example: lap or T-111)*

Wall Sheathing \_\_\_\_\_  
*(example: 1/2" exterior plywood)*

2x \_\_\_\_\_ studs @ \_\_\_\_\_ O.C.  
*(example: 2 x 4 @24" O.C.)*

Cont. 2x \_\_\_\_\_ sill plate  
*(example: 2 x 4)*

2x \_\_\_\_\_ Joists @ \_\_\_\_\_ O.C.  
*(example: 2 x 10 @ 16" O.C.)*

Wall Width \_\_\_\_\_"  
*(example: 8")*

Footing Size \_\_\_\_\_" x \_\_\_\_\_"  
*(example: 10" x 24")*

**Note:** Pre-engineered roof trusses w/truss clips may be used in lieu of roof structure shown.

Diagonal wind bracing or braced wall panels at corners and each 25' of wall.

**Note:** Pre-engineered floor systems may be used and should be installed according to the manufacturers installation instructions.

R-19 Floor Insulation

18" minimum from the interior grade level to the bottom of the floor joists

Engineered Design: Caissons may be required if your site has swelling soils

Access required

### CHECK ONE

- Foundation: Engineered Design
- Foundation: Detail A (see page 3)

Property Address:

**Thomas Township Building Department**  
**249 N. Miller Road, Saginaw, MI 48609**  
**(989) 781-0150**

Building Owner: \_\_\_\_\_ Building Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Township: \_\_\_\_\_  
 \_\_\_\_\_ Permit #: \_\_\_\_\_  
 General Building Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Area Code/Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**MUEC PRESCRIPTIVE COMPLIANCE APPROACH WORKSHEET (ZONE 1)**

RULE	MINIMUM BUILDING ENVELOPE INSULATION CRITERIA	YES	NO
1074	Wall Insulation R-21		
1076	Roof/Ceiling Insulation R-49		
	Skylights Equal 10% or less than Roof/Ceiling Area		
	R-Value of Skylights Equal to Side Wall Fenestration		
	R-Value		
1075	Percent of Fenestration* (windows, doors, etc.) Fenestration R-Value		
(1)	15% or Less of the Gross Wall Area* Rule 1071(1) R-1.9		
(2)	Over 15% R-2.85		
(3)	Greater Than 20% (Requires Trade-off Option) *select one or more options		
1083	<input type="checkbox"/> A) High Efficiency HVAC: 90% + Warm Air Furnace		
	12 + Seer Air Conditioning		
	83% + Hot Water Boiler		
	3.0 + COP GS Heat Pump System		
	<input type="checkbox"/> B) High Efficiency Windows, Doors R-3.5		
	<input type="checkbox"/> C) Wall Insulation R-19		
	<input type="checkbox"/> D) Basement Insulation R-5		
	Foundation Insulation		
1077	Floors Over Unconditioned Spaces R-21		
1078	Slab-on Grade Floors* Unheated R-11 Heated R-10		
1079	Crawl Space Walls* (Supporting Un-insulated Floors) R-20		
1080	Finished Lower Level Walls Continuously R-10 Cavity R-11		
1081	Exposed Basement Walls* In excess of 7% Gross Wall Area R-5		

Builders Signature \_\_\_\_\_ License Number \_\_\_\_\_

**\* CLARIFICATIONS:**

1. Fenestration Area Sq. Ft. = \_\_\_\_\_ x 100 = \_\_\_\_\_ % Fenestration Area  
 Gross Wall Area Sq. Ft.
2. Gross Wall Area: Insulated Wall Area, including windows, doors, and opaque walls.
3. Basement Insulation: Interior or exterior application extending from top of wall to floor.
4. Air Leakage: Recessed lights to be "air tight" and labeled indicating compliance with state of **Washington** restricted airflow requirements.
5. Slab Insulation: Shall extend downward from the tip of the slab for a minimum of 24 inches or downward to at least the bottom of the slab and then horizontally for a total of 24 inches.
6. Crawl Space Walls Insulation: Shall extend vertically from the top of the foundation wall and also extend at least 24 inches below grade, or a combined vertical and horizontal distance of 24 inches.
7. Exposed Basement Walls: Insulated exposed walls must be less than 7% of "Gross Wall Area."

**ELECTING A TRADE-OFF DOES NOT EXEMPT CONFORMANCE WITH OTHER REQUIREMENTS OF THE PRESCRIPTIVE APPROACH OR AIR LEAKAGE CONTROL REQUIREMENTS.**



**Abbreviated Report Form N1107.1**  
**Heating Energy Analysis Comparison Report**  
 Continued

FOUNDATION/FLOOR	SUBTOTALS	FOUNDATION/FLOOR	SUBTOTALS
Floors Over Unconditioned Spaces  A _____ /R _____ = A/R _____ =	_____ Line 8	Floors Over Unconditioned Spaces  _____ x 0.0204 = (all zones)	_____ Line C
Slab on Grade Floors (Area = Perimeter x 2')  A _____ /R _____ = A/R _____ =	_____ Line 9	Slab on Grade (Unheated)  _____ x Z <sub>1</sub> 0.0909 Z <sub>2</sub> 0.0769 = Z <sub>3</sub> 0.050	_____ Line D
Slab on Grade (Heated)  _____ x Z <sub>1</sub> 0.0769 Z <sub>2</sub> 0.0667 = Z <sub>3</sub> 0.050	_____ Line E	Crawl Space Walls (Area: Top foundation wall to average finished grade)  A _____ /R _____ = A/R _____ =	_____ Line 10
Crawl Space  _____ x 0.050 = (all zones)	_____ Line F	Basement Walls (Area: Top foundation wall to average finished grade)  A <sub>1</sub> _____ /R <sub>1</sub> _____ = A <sub>1</sub> /R <sub>1</sub> _____ A <sub>2</sub> _____ /R <sub>2</sub> _____ = A <sub>2</sub> /R <sub>2</sub> _____ A <sub>1</sub> /R <sub>1</sub> + A <sub>2</sub> /R <sub>2</sub> =	_____ Line 11
Basement Walls  _____ x Z <sub>1</sub> 0.090 Z <sub>2</sub> 0.090 = Z <sub>3</sub> 0.055	_____ Line G	Basement Windows  A _____ /R _____ = A/R _____ =	_____ Line 12
Basement Windows  _____ x Z <sub>1</sub> 0.090 Z <sub>2</sub> 0.090 = Z <sub>3</sub> 0.055	_____ Line H	Total Gross Basement Wall Area	_____ Line 13
FOUNDATION/FLOOR SUBTOTAL A/R (Lines: 8+9+10+11+12)	_____ Line 13	FOUNDATION/FLOOR SUBTOTAL A/R (Lines: C+D+E+F+G)	_____ Line H
PROPOSED ALTERNATIVE HOUSE SUB-TOTAL A/R (Lines: 1+7+13)	_____ Line 14	STANDARD DESIGN HOUSE SUB-TOTAL A/R (Lines: A+B+H)	_____ Line I
HEATING EQUIPMENT EFFICIENCY (If the same as Standard House, go to line 16 or 17)  (Oil or Gas Fired) AFUE: _____%	_____ Line 15	HEATING EQUIPMENT EFFICIENCY  (Oil or Gas Fired) AFUE: 78%	_____ Line J
Line 14: _____ = Adjusted A/R = AFUE: 0.____	_____ Line 15	Line I: _____ = Adjusted A/R = AFUE: 0.78	_____ Line J
AIR LEAKAGE RATE (If the same as Standard House, go to line 17)		AIR LEAKAGE RATE	

$\frac{\text{ACH} \times \text{ft}^3}{\text{Volume of House}} \times 0.018 =$	<hr/> Line 16
<b>PROPOSED ALTERNATIVE HOUSE TOTAL</b> (Lines: 15+16)	
Equal to or less than line L to pass	<hr/> Line 17

$0.55 \text{ ACH} \times \frac{\text{ft}^3}{\text{Volume of House}} \times 0.018 =$	<hr/> Line K
<b>STANDARD DESIGN LIMIT TOTAL</b> (Lines: J+K)	
	<hr/> Line L

# PLOT PLAN FOR PERMIT APPLICATION ONE/TWO FAMILY, ACCESSORY STRUCTURES, AND POOLS

<b>LOCATION</b>	<div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto 10px auto;">Permit #:</div> Address: _____  Tax Parcel #: _____
<b>INSTRUCTIONS</b>	<p>In the space provided on the back side, draw plot plan as neatly and accurately as possible, from survey if available.</p> <ol style="list-style-type: none"> <li>1. Draw Street(s) and right-of-way(s).</li> <li>2. Draw property lines with dimensions.</li> <li>3. Draw proposed and existing buildings showing any attached porch(es), chimney(s), carport(s), or garage(s), etc. with dimensions.</li> <li>4. Show distances of buildings from property lines or other structures.</li> <li>5. Separate application and plot plan required for each building.</li> </ol>
<b>EXAMPLE OF PLOT PLAN</b>	<p>The diagram illustrates a plot plan within a dashed rectangular boundary. At the bottom, a solid line represents the 'YOUR STREET' with a note '(setbacks may vary depending on zoning of property)'. Below the street is a dashed line for the 'Center Line'. A 'Right-of-Way' is indicated by a diagonal arrow pointing to the dashed boundary. Inside the plot, a 'HOUSE OR DUPLEX' is shown as a large rectangle. To its left is a 'DECK' and to its right is an 'ACCESSORY STRUCTURE'. A circular 'POOL' is located between the house and the deck. A vertical 'D r i v e w a y' runs between the house and the accessory structure. Arrows indicate setbacks: 'Rear Yard' (top), 'Front Yard' (bottom), 'Side Yard' (left and right), and 'Right-of-Way' (bottom-right). Double-headed arrows show distances between the house, deck, pool, and accessory structure.</p>

- PLOT PLAN -

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
DATE

# CONFIRMATION SHEET FOR SECURING A SOIL EROSION AND SEDIMENTATION CONTROL PERMIT

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

Name: \_\_\_\_\_

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

Parcel #: \_\_\_\_\_

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

SECS permit secured through the Saginaw County Public Works Commissioner:

Yes: \_\_\_ No: \_\_\_ Not Needed: \_\_\_

If answered yes, please give the SECS permit number and attach a copy of the permit:

\_\_\_\_\_

If answered no, you must contact Saginaw County Public Works Commissioners Office at 989-790-5258.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation that the project does not need a soil and erosion permit.

Staff Personnel who you spoke to: \_\_\_\_\_

**If sediment control permit is needed, please complete the "PERMIT APPLICATION for Part 91 SOIL EROSION AND SEDIMENTATION CONTROL" on the backside of the form.**