

**DICKINSON COUNTY  
CONSTRUCTION PERMIT PROCEDURES**

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Site Address \_\_\_\_\_ Fire # \_\_\_\_\_

Site Location \_\_\_\_\_  
                    1/4      1/4      1/4      Section      Town      Range      County

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Project Description \_\_\_\_\_

The following approvals may be required to be obtained by the property owner prior to making the application for a building permit. If a signature of a specific official does not apply, please respond by signifying "N/A" (not applicable.)

Signature approvals must be obtained in the following order:

1. Zoning \_\_\_\_\_
2. Res Check – Must be done for all New Homes and Large Additions. Complete ResCheck on-line at <https://energycode.pnl.gov/REScheckWeb>.
3. Health Department \_\_\_\_\_  
(906) 774-1868
4. Road Commission \_\_\_\_\_  
(906) 774-1588
5. Soil Erosion & Sedimentation Control \_\_\_\_\_  
(906) 774-4885 (Signature required if building w/in 500 ft. of any body of water)
6. Dickinson County Construction Code \_\_\_\_\_  
(906) 774-4885
  - a. Building Permit
  - b. Electrical Permit
  - c. Plumbing Permit
  - d. Mechanical Permit

NOTE: Please call each inspector when ready for each inspection.  
Certificate of Occupancy will be provided upon request when all permits are finalized and paid in full.

I hereby certify that the above information is correct and agree to comply with all appropriate Township, County and State regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of property Owner/Representative

**ZONING PERMIT**  
**CHARTER TOWNSHIP OF BREITUNG, MICHIGAN**

<b>PERMIT #</b>	
<b>FEE</b>	
<b>RECEIPT #</b>	
<b>EXPIRES</b>	

APPLICANT'S NAME \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PROPERTY STREET ADDRESS \_\_\_\_\_

PROPERTY NUMBER \_\_\_\_\_

LEGAL DESCRIPTION: LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ATTACHED \_\_\_\_\_

APPLICATION IS FOR (CIRCLE ONE): Residential    Commercial    Industrial    Agricultural

DISTANCE TO FRONT LOT LINE \_\_\_\_\_

DISTANCE TO SIDE LOT LINE – RIGHT - \_\_\_\_\_ LEFT - \_\_\_\_\_

DISTANCE TO REAR LOT LINE \_\_\_\_\_

DISTANCE TO LAKE, STREAM, RIVER, POND, WETLANDS \_\_\_\_\_

IS THIS PROJECT WITHIN 350' OF A STATE OR FEDERAL HIGHWAY    YES \_\_\_\_ NO \_\_\_\_

BUILDING: WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

ATTACH A PROPERTY SKETCH TO THIS APPLICATION WHICH SHOWS ALL LOT LINES, STREETS, LOCATIONS OF EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS AND DISTANCE TO ALL LOT LINES, DISTANCES BETWEEN ACCESSORY BUILDINGS AND PRIMARY STRUCTURES, ALL EXISTING AND PROPOSED DRIVEWAYS, FENCE LINES AND ANY OTHER STRUCTURES ON THE PROPERTY.

MOST NEW HOMES WILL REQUIRE A SET OF BLUEPRINTS PROVIDED TO THE TOWNSHIP.

A COMPLETE DETAILED SET OF CONSTRUCTION PLANS FOR COMMERCIAL AND INDUSTRIAL BUILDINGS, INCLUDING A SITE PLAN MUST ACCOMPANY THIS APPLICATION.

I, (print name) \_\_\_\_\_

as owner/agent, attest that the information provided in this application is accurate and complete. It is expressly understood that the property line location and corresponding set-back information is the responsibility of the owner/agent. In the event that any dispute arises over the location of the property lines, the owner/agent will at their own expense obtain a survey of the property, conducted by a qualified surveyor registered in Michigan. It is also understood that if violations of the approved set-back regulations in this application are identified during or after construction, it will be the responsibility of the owner/agent to remedy the matter as directed by the Zoning Administrator. Further, the owner/agent agrees to hold harmless the Charter Township of Breitung and its agents from any action arising from non-compliance with the provisions of this permit. It is also understood that the issuance of this permit does not relieve the owner/agent from complying with any and all applicable codes and ordinances in force at the time of construction.

I, (print name) \_\_\_\_\_

As owner/agent of the property described, have read this application in its entirety, and understand and agree to the terms and conditions as stated.

Owner/agent \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Owner Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**OFFICE USE ONLY**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ZONING DISTRICT \_\_\_\_\_

YARD SETBACK RESTRICTIONS: FRONT \_\_\_\_\_ SIDE 1 \_\_\_\_\_

SIDE 2 \_\_\_\_\_ REAR \_\_\_\_\_ HEIGHT \_\_\_\_\_

SPECIAL RESTRICTIONS:

\_\_\_\_\_  
\_\_\_\_\_

**PERMIT IS:**

**DISPOSITION**

\_\_\_ APPROVED

\_\_\_ BOARD OF APPEALS

\_\_\_ REJECTED

\_\_\_ PLANNING COMMISSION

\_\_\_ NON-COMPLIANCE

\_\_\_ CONDITIONAL USE

\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

ZONING ADMINISTRATOR

## BUILDING PERMIT INFO.

Building Permits: In order for a contractor or homeowner to obtain a building permit, he/she must have all proper signatures.

1. **Zoning** - A zoning permit is required for new homes, additions, garages, storage sheds, and decks. (See blue book for zoning administrators and phone numbers)
2. **Health Department** - A signature from Daren, Shelia or Wade are required when a home is being built where City water and sewer are not available and the homeowner is putting in his/her own well and septic. The same rule applies when more than one bedroom/bathroom is being added or constructed. Also, if a home/cabin is being demolished and then rebuilt but is using the same well and septic, the Health Department must still be notified and a signature is required.
3. **Road Commission** - A signature is required from the Road Commission when a driveway has not already been installed.
4. **Soil & Erosion** - A soil and erosion permit is required from the DCCCC when any construction is taking place within 500 feet of any body of water or when more than one acre of earth is being excavated.

Once all required signatures have taken place, a building permit may be issued.

**\*\* NOTE\*\*** No Commercial building permits may be issued without plan review approval from Dane, Ron or Jim.

Property #: \_\_\_\_\_ Name: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Fire #: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR  
PLAN EXAMINATION AND  
BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I.  
LOCATION  
OF  
BUILDING

AT (LOCATION) \_\_\_\_\_ (NO.) \_\_\_\_\_ (STREET) \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
BETWEEN \_\_\_\_\_ (CROSS STREET) \_\_\_\_\_ AND \_\_\_\_\_ (CROSS STREET) \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT SIZE \_\_\_\_\_

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

- 1 ☐ New building  
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)  
3 ☐ Alteration (See 2 above)  
4 ☐ Repair, replacement  
5 ☐ Wrecking (If multifamily residential, enter number of units in building in Part D, 13)  
6 ☐ Moving (relocation)  
7 ☐ Foundation only

B. OWNERSHIP

- 8 ☐ Private (individual, corporation, nonprofit institution, etc.)  
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE - For "Wrecking" most recent use

Residential

- 12 ☐ One family  
13 ☐ Two or more family - Enter number of units - - - - -  
14 ☐ Transient hotel, motel, or dormitory - Enter number of units - - - - -  
15 ☐ Garage  
16 ☐ Corport  
17 ☐ Other - Specify \_\_\_\_\_

Nonresidential

- 18 ☐ Amusement, recreational  
19 ☐ Church, other religious  
20 ☐ Industrial  
21 ☐ Parking garage  
22 ☐ Service station, repair garage  
23 ☐ Hospital, institutional  
24 ☐ Office, bank, professional  
25 ☐ Public utility  
26 ☐ School, library, other educational  
27 ☐ Stores, mercantile  
28 ☐ Tanks, towers  
29 ☐ Other - Specify \_\_\_\_\_

C. COST

10. Cost of improvement..... \$  
To be installed but not included in the above cost  
a. Electrical.....  
b. Plumbing.....  
c. Heating, air conditioning.....  
d. Other (elevator, etc.).....

(Omit cents)

Nonresidential - Describe in detail proposed use of buildings, 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.

11. TOTAL COST OF IMPROVEMENT \$

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

- 30 ☐ Masonry (wall bearing)  
31 ☐ Wood frame  
32 ☐ Structural steel  
33 ☐ Reinforced concrete  
34 ☐ Other - Specify \_\_\_\_\_

G. TYPE OF SEWAGE DISPOSAL

- 40 ☐ Public or private company  
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 ☐ Public or private company  
43 ☐ Private (well, cistern)

J. DIMENSIONS

48. Number of stories.....  
49. Total square feet of floor area, all floors, based on exterior dimensions.....  
50. Total land area, sq. ft. ....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed.....  
52. Outdoors.....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms.....  
54. Number of bathrooms { Full.....  
Partial.....

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 ☐ Gas  
36 ☐ Oil  
37 ☐ Electricity  
38 ☐ Coal  
39 ☐ Other - Specify \_\_\_\_\_

I. TYPE OF MECHANICAL

- Will there be central air conditioning?  
44 ☐ Yes 45 ☐ No  
Will there be an elevator?  
46 ☐ Yes 47 ☐ No

NOTES and Data - (For department use)

#### IV. IDENTIFICATION - To be completed by all applicants

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

#### V. PLAN REVIEW RECORD - For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

#### VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

#### VII. VALIDATION

Building Permit number _____ Building Permit issued _____ 19 _____ Building Permit Fee \$ _____  Certificate of Occupancy \$ _____  Drain Tile \$ _____  Plan Review Fee \$ _____	<b>FOR DEPARTMENT USE ONLY</b>  Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
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Approved by: \_\_\_\_\_

\_\_\_\_\_

TITLE



VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - *For Applicant Use*

