

# BUILDING PERMIT APPLICATION REQUIREMENTS

The following information is required to be submitted to the Township before a building permit can be issued. If you have questions, contact the Township Building Inspector at (616) 399-6121.

- **Well/Water Approval and Sewage Disposal System.** Permits for private wells and septic systems from Ottawa County Environmental Health Department required: phone 616-393-5645. Permits for water and sewer in the Tradewinds and The Corners developments are issued by Ottawa County Road Commission Public Utilities Department: phone 616-850-7207.
- **Proof of Ownership.** If not already in township records, a legal document will be required for a recent transfer of ownership.
- **Site Plan.** Location of building and sewage system on property (per ordinance setbacks for front, side & rear yards). Show existing and proposed buildings on the property and measurements between buildings and the distance from the proposed structure to all property lines.
- **Building Plans.** Provide two sets, one of which will be returned with the building permit. Drawings must show floor plans, elevations, a typical wall section and all building materials planned, with size and spacing of each.
- **Truss Design.** If floor or roof trusses are used, detailed truss drawings supplied by the truss designer and/or supplier must be submitted.
- **Cost.** Total cost of project, including all labor.
- **Builders License.** A copy of the contractor's Michigan State Registered Builders License.
- **Driveway Permit.** Must be obtained for all driveways off of public roads from the Ottawa County Road Commission: phone 616-842-5400.
- **Street Numbers are issued by the township assessor.** Please submit a site plan showing the house location on the site, and your contact information to the township office.
- **Critical Dunes.** High Risk Erosion Areas, Wetlands and Floodplains. Applies only to some lake and river front properties. Permits from Michigan Department of Environmental Quality (MDEQ) when required must be submitted. Phone 616-356-0207.
- **Soil Erosion Permit.** This is required for all properties within 500 feet of a lake or stream. Call 616-994-4528.
- **Michigan Energy Calculations.** Information must be provided that shows that all current state requirements are met.

**APPLICATION FOR BUILDING PERMIT  
PORT SHELDON TOWNSHIP**

16201 Port Sheldon Street West Olive MI 49460  
616-399-6121 Fax 616-399-7173

Parcel # 70-11-\_\_\_\_\_ Job Address \_\_\_\_\_ Lot # \_\_\_\_\_  
Owners Name \_\_\_\_\_ Phone \_\_\_\_\_  
Owners Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Contractors Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Builders License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Workers Comp Carrier \_\_\_\_\_  
MESC Employer # / reason for exemption \_\_\_\_\_

Architect/Engineer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ License # \_\_\_\_\_

Describe Project and intended use: \_\_\_\_\_  
Bldg Size: length \_\_\_\_\_ width \_\_\_\_\_ Footage: Main Floor \_\_\_\_\_ 2nd Floor \_\_\_\_\_  
Finished Basement \_\_\_\_\_ Attached Garage \_\_\_\_\_ Remodeled Area \_\_\_\_\_  
Estimated cost of Construction (include costs of electrical, mechanical, plumbing and all labor) \$ \_\_\_\_\_  
Approximate starting date \_\_\_\_\_ Construction Type \_\_\_\_\_ Use Group \_\_\_\_\_

Section 23a of the State Construction Code Act of 1972, 1972 PA230, 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 subject to civil fines.

I herby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make the application as his/her agent. I 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. I assume responsibility for contacting the Township for all required inspections required for the permit (s) requested. Applicant is responsible for payment of all fees and charges applicable to this application.

Applicant Name \_\_\_\_\_ Phone/Fax# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Signature \_\_\_\_\_ owner/contractor/agent (circle one) \_\_\_\_\_ Date \_\_\_\_\_