



# White Pigeon Township

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16975 US 12 White Pigeon, MI 49099

## Building Permit Request and Instructions Step # 2

### *Step 2 is the Building Permit or Appeal*

**If approved**, you meet with the Building Inspector to obtain your permit. The original Zoning Inspection Request paperwork goes in Randy's mailbox noting, "Approved" on it. You will need to have the second part of the paperwork finished before the meeting. Randy will set the price, take the payment, and issue the permit.

**If denied**, I will read the reasons to you, leave a message on your answering machine with the reasons, or ask that call the office. You may re-submit a Zoning Inspection Request with a drawing that conforms with the Zoning Ordinances or if you wish to Appeal the decision and seek a variance, you may pick up paperwork in the office, complete and return along with a \$300 non-refundable fee to schedule the Appeal's hearing. Please write the check to White Pigeon Township.

**If Appeal is approved**, you meet with the Building Inspector after the final Appeal paperwork is completed.

PERMIT APPLICATION FOR \_\_\_\_\_

PERMIT APPLICATION \_\_\_\_\_  
JOB ADDRESS

OWNER'S NAME \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

BEFORE A PERMIT MAY BE ISSUED, ALL OF THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED OR JUSTIFIED AS NON-APPLICABLE. PLEASE INDICATE BY CHECKMARK THAT EACH ITEM HAS BEEN ENCLOSED WITH THE APPLICATION.

- \_\_\_\_ 1. PROOF OF OWNERSHIP (PROVIDE COPIES OF: LAND CONTRACT WITH TAX #'S OR TAX BILL)
- \_\_\_\_ 2. SITE PLAN OR LOT DIAGRAM ON BACK OF LAST PAGE OF THE APPLICATION. (REQUIRED OF ALL APPLICATIONS: NEW HOMES, ADDITIONS, AND INTERIOR REMODEL.) **\*\* SITE PLAN MUST SHOW DIMENSIONS TO ALL PROPERTY LINES FROM PROPOSED BUILDING.**
- \_\_\_\_ 3. BLUE PRINTS/DRAWINGS: WALL SECTION, FOUNDATION PLAN, FLOOR PLAN AND ELEVATION REQUIRED ON ALL APPLICATIONS. ONE (1) COMPLETE SET OF DRAWINGS ARE REQUIRED WITH ANY PERMIT APPLICATION.
- \_\_\_\_ 4. ESTIMATED COST OF PROJECT \$ \_\_\_\_\_
- \_\_\_\_ 5. HEALTH DEPARTMENT PERMIT (SEPTIC SYSTEM & WELL)
- \_\_\_\_ 6. DRIVEWAY PERMIT: ROAD COMMISSION OR JURISDICTION
- \_\_\_\_ 7. IS THE STRUCTURE WITHIN 500 FEET OF WATER (LAKE, RIVER, COUNTY DRAIN)? YES/NO IF YES, A SOIL EROSION PERMIT IS REQUIRED.
- \_\_\_\_ 8. IS PROPERTY LOCATED IN WETLANDS OR FLOODPLAINS? YES/NO
- \_\_\_\_ 9. ZONING APPROVAL DOCUMENTATION
- \_\_\_\_ 10. OTHER PERMITS EVENTUALLY NECESSARY: \_\_\_\_ ELECTRICAL; \_\_\_\_ MECHANICAL; \_\_\_\_ PLUMBING; \_\_\_\_ SIGN.  
APPLICANT OR LICENSED CONTRACTOR MUST SUBMIT SEPARATE APPLICATION FORMS FOR THESE PERMITS.

**RESPONSIBILITIES OF APPLICANTS**

IT IS THE LEGAL RESPONSIBILITY FOR THE APPLICANT TO CALL FOR ALL REQUIRED INSPECTIONS BEFORE ANY ELECTRICAL, PLUMBING, MECHANICAL, OR STRUCTURAL WORK IS CONCEALED OR COVERED.

Building Inspector - Randy Schmeling  
10884 Harder Rd.  
Three Rivers, Mi. 49093  
PH: 269-625-3260

**PERMIT APPLICATION CHECKLIST**

**SANITATION PERMIT**

HEALTH DEPARTMENT  
1110 HILL ST.  
THREE RIVERS, MI 49093  
269.273.2161

**DRIVEWAY PERMIT – OPTIONAL**

ST. JOSEPH COUNTY ROAD COMMISSION  
20914 M-86  
CENTREVILLE, MI 49032  
269.467.6393

**SOIL EROSION PERMIT**

DRAIN COMMISSION  
125 W. MAIN ST  
P.O. BOX 427  
CENTREVILLE, MI 49032  
269.467.5600

**CONTACT INFORMATION FOR OTHER PERMITS NEEDED**

PLUMBING – JOHN DOBBERTEEN – 269-625-7648  
MECHANICAL – JOHN DOBBERTEEN – 269-625-7648  
ELECTRICAL – RONALD BELLAIRE – 269-663-3429  
SEWER – AMY – 269-483-7712

DEPARTMENT OF NATURAL RESOURCES 269.685.6851 (PLAINWELL OFFICE)  
DEPARTMENT OF NATURAL RESOURCES 517.373.3930 (LANSING OFFICE)

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS:

RANDY SCHMELING  
269.625.3260



**I. LOCATION OF BUILDING**

ADDRESS

CITY/VILLAGE

TOWNSHIP

COUNTY

ZIP CODE

BETWEEN

AND

**II. IDENTIFICATION****A. OWNER OR LESSEE**

NAME

TELEPHONE NO

ADDRESS

CITY

STATE

ZIP CODE

**B. ARCHITECT OR ENGINEER**

NAME

TELEPHONE NO

ADDRESS

CITY

STATE

ZIP CODE

LICENSE NO

EXPIRATION DATE

**C. CONTRACTOR**

NAME

TELEPHONE NO

ADDRESS

CITY

STATE

ZIP CODE

BUILDER'S LICENSE NO

EXPIRATION DATE

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW****A. TYPE OF IMPROVEMENT**1  New Building    2  Addition    3  Alteration    4  Repair    5  Wrecking6  Mobile Home Set Up    7  Foundation Only    8  Premanufactured    9  Relocation**B. REVIEW(S) TO BE PERFORMED** Building Plumbing Mechanical Electrical Energy

#### IV. PROPOSED USE OF BUILDING

##### A. RESIDENTIAL - For "wrecking" show most recent use.

14 <input type="checkbox"/> One Family	15 <input type="checkbox"/> Two or More Family ( no. of units _____ )	16 <input type="checkbox"/> Hotel, Motel (no. of units _____)
17 <input type="checkbox"/> Attached Garage	18 <input type="checkbox"/> Detached Garage	19 <input type="checkbox"/> Other

##### B. NONRESIDENTIAL - For "wrecking" show most recent use.

20 <input type="checkbox"/> Amusement	21 <input type="checkbox"/> Church, Religious	22 <input type="checkbox"/> Industrial
23 <input type="checkbox"/> Parking, Garage	24 <input type="checkbox"/> Service Station	25 <input type="checkbox"/> Hospital, Institutional
26 <input type="checkbox"/> Office, Bank, Professional	27 <input type="checkbox"/> Public Utility	28 <input type="checkbox"/> School, Library, Educational
29 <input type="checkbox"/> Store, Mercantile	30 <input type="checkbox"/> Tanks, Towers	31 <input type="checkbox"/> Other

NONRESIDENTIAL - 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.

#### V. SELECTED CHARACTERISTICS OF BUILDING

##### A. PRINCIPAL TYPE OF FRAME

1 <input type="checkbox"/> Masonry, Wall Bearing	2 <input type="checkbox"/> Wood Frame	3 <input type="checkbox"/> Structured Steel
4 <input type="checkbox"/> Reinforced Concrete	5 <input type="checkbox"/> Other	

##### B. PRINCIPAL TYPE OF HEATING FUEL

6 <input type="checkbox"/> Gas	7 <input type="checkbox"/> Oil	8 <input type="checkbox"/> Electricity	9 <input type="checkbox"/> Coal	10 <input type="checkbox"/> Other _____
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##### C. TYPE OF SEWAGE DISPOSAL

11 <input type="checkbox"/> Public or Private Company	12 <input type="checkbox"/> Septic System
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##### D. TYPE OF WATER SUPPLY

13 <input type="checkbox"/> Public or Private Company	14 <input type="checkbox"/> Private Well or Cistern
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##### E. TYPE OF MECHANICAL

15 Will there be air conditioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16 Will there be an elevator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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##### F. DIMENSIONS

17 Number of Stories \_\_\_\_\_

18 Floor Area: 1st & 2nd floor \_\_\_\_\_ 3rd - 10th floors \_\_\_\_\_ 11th - above floors \_\_\_\_\_ Total Area \_\_\_\_\_

19 Total Land Area (square feet) \_\_\_\_\_

##### G. NUMBER OF OFF STREET SPACES

20 Enclosed _____	21 Outdoors _____
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**VI. APPLICANT INFORMATION**

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
FEDERAL I.D. NO./SOCIAL SECURITY NO.			

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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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.

FEE ENCLOSED     \$	
SIGNATURE OF APPLICANT	APPLICATION DATE

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION****ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A ZONING	YES NO				
B FIRE DISTRICT	YES NO				
C POLLUTION CONTROL	YES NO				
D NOISE CONTROL	YES NO				
E SOIL EROSION	YES NO				
F FLOOD ZONE	YES NO				
G WATER SUPPLY	YES NO				
H SEPTIC SYSTEM	YES NO				
I VARIANCE GRANTED	YES NO				
J OTHER	YES NO				

NOTES AND DATE - FOR DEPARTMENT USE

**VIII. VALIDATION**

BUILDING PERMIT NUMBER	APPROVED BY
ISSUE DATE	SIGNATURE
PERMIT FEE	TITLE

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

Indicate direction of North within the circle:

