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## BUILDING PERMIT INFORMATION

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**The following information is required to obtain a building permit:**  
*incomplete applications may be returned*

1. A complete Building Permit Application form
2. A detailed site plan (see back of building application)
  - a. Zoning Application (Clyde Township, Columbia Township, Ganges Township, South Haven Township)
  - b. Zoning Approval (Manlius Township, City of Douglas, City of Saugatuck)
3. Agent Authorization Form -required if builder obtains permit
4. Three (3) sets of Construction Plans - 2 sets must be full size hardcopy and 1 can be email PDF, if PDF not available, submit 3 full size hardcopy (*one will be returned to be kept on the jobsite*) **INCLUDE ON THE PLANS:**
  - a: Detailed foundation plan
  - b: All significant elevations (side views)
  - c: Floor plans - including, but not limited to: use of all rooms and dimensions; window and door sizes; stairway structural details (*if applicable*); deck structural details (*if applicable*)
  - d: Cross section of one wall from footing to peak
  - e: Identify north elevation as (N)
  - f: Indicate snow-loading capacity. Be sure to show all dimensions
  - g. Energy code insulation values

Note: Items required prior to rough-in: 1) Manufacturers truss diagrams 2) Mechanical Design Criteria (Manual S & J)

5. Septic and Well Permits

Allegan County Environmental Health - 269-673-5415  
VanBuren County Health Department - 269-621-3143  
Or local municipal water/sewer authority

\*Permit is required to hook to an existing septic and/or well

\*\*Health Dept approval is required: for adding bedrooms, water softener discharge, ejector/grinder pump, oversize tub/jacuzzi, basement plumbing

▶ see reverse side

6. DRIVEWAY PERMIT

Allegan County Road Commission - 269-673-2184

Van Buren County Road Commission - 269-674-8011

\*A driveway permit is required in VanBuren County even if there is an existing driveway.

MOOT - properties on Michigan Highways

\*\*The Fire Department reviews and approves driveways in City of Douglas and City of Saugatuck, *may take 3-4 weeks*  
269-857-3000 cmantels@saugatuckfire.org

\*\*\*In cities contact the City Hall for curb cuts and sidewalk requirements

7. PROOF OF OWNERSHIP

examples: deed or land contract, tax bill

8. SOIL EROSION CONTROL PERMIT (SESC)

A permit is required if soil disturbance is within 500 feet of a waterway, lake, river, stream, pond, body of water, storm sewer, County Drain or if disturbance one (1) or more acres

Allegan County - 269-673-5415

Van Buren County - 269-657-8241

\*\*required for all properties in City of Douglas and City of Saugatuck, City of Fennville

9. Other items that may be required:

1. Fire Department (*commercial projects*)

2. EGLE permit (*Lake Michigan, wetland, floodplain, etc*)

3. Health Department (Food Service) - *if project includes food service, food preparation, new commercial kitchen, etc*

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**WHEN YOU HAVE ALL THE ABOVE REQUIRED  
INFORMATION SUBMIT TO:**

Mail:

Michigan Township Services-Allegan, INC.

111 Grand Street

Allegan MI 49010

Call:

269-673-3239 or 1-800-626-5964

Email:

mtsallagan@frontier.com

additional information:

[www.michigantownshipservices.org](http://www.michigantownshipservices.org)

**Michigan Township Services-Allegan. Inc**

111 Grand Street, Allegan MI 49010

1-800-626-5964 \* 269-673-3239

Fax 269-673-9583

Email [mtsallegan@frontier.com](mailto:mtsallegan@frontier.com)

**Agent Authorization**

Date: .....

Job Address: .....

City or Township: \_\_\_\_\_

This is to inform you that I, (owner name).....  
as owner of the above referenced property authorize (agent name)  
\_\_\_\_\_, to act as my agent in seeking / obtaining  
various permits and approvals on my behalf.

These include:

- Various Township/City Zoning and Building approvals
- Other County or State permit approvals
- Others as needed

\_\_\_\_\_  
Property Owner Signature and Phone Number

**This completed form must be submitted with a zoning/building permit application. Permits will not be issued without it.**

**COLUMBIA TOWNSHIP, VAN BUREN COUNTY  
CERTIFICATE OF APPROVAL APPLICATION/PERMIT**

1. Required Information:

Job address: \_\_\_\_\_

Property Tax No: 80-06- \_\_\_\_\_

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

Owner mailing address: \_\_\_\_\_

Owner phone number: \_\_\_\_\_

08-0

Applicant *(if different than owner)* name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

Describe the proposed project: \_\_\_\_\_

*(i.e. new house, addition, pole bam, deck, shed, pool, etc.)*

Use: \_\_\_\_\_

*(i.e. residential, accessory building, commercial, etc)*

2. Site Plan: Use the other side of this sheet or a separate sheet to draw a site plan showing all the following items:

1. Dimensions of the lot (all sides)
2. Location, distance to lot lines, of all exiting and proposed structures
3. Dimensions of all existing and proposed structures
4. Distance between all existing and proposed structures
5. Location of roads, including center line and right-of-way
6. Location of utilities
7. Location of lakes, streams, creek, pond, county drain within 500 feet
8. A north arrow indicating direction of north
9. Front setback is measured from the street/road right-of-way not the center of the road

3. Proof of ownership: deed, land contract, tax bill, etc

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

- ▶ Submit completed form, site plan, proof of ownership and zoning permit fee \$60.00 (make payable to Columbia Township) to:

Michigan Township Services-Allegan, Inc.

111 Grand St, Allegan MI 49010

1-800-626-5964 email [mtsallagan@frontier.com](mailto:mtsallagan@frontier.com)

Note: A site inspection to verify setback may be required prior to approval.

**OFFICE USE ONLY**

Zoning District: \_\_\_\_\_ Zoning Approval Permit No: \_\_\_\_\_

Required regulations

Front: \_\_\_\_\_ Water \_\_\_\_\_ Rear: \_\_\_\_\_ sides: \_\_\_\_\_

Min lot width: \_\_\_\_\_ Min lot area: \_\_\_\_\_ Max lot cover: \_\_\_\_\_

Max Bldg height: \_\_\_\_\_ Min living area: \_\_\_\_\_ Min Dwell width \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Approval Signature

\_\_\_\_\_  
Approval Date

Approval Condition(s): \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Denial Signature

\_\_\_\_\_  
Denial Date

Application denied: reason(s) \_\_\_\_\_

# APPLICATION FOR BUILDING PERMIT

## AND PLAN EXAMINATION

RETURN COMPLETED FORM TO BUILDING DEPARTMENT

111 GRAND STREET

ALLEGAN, MI 49010

Phone 269-673-3239 or 1-800-626-5964 Fax: 269-673-9583

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, AND VI.

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING,  
MECHANICAL, AND ELECTRICAL WORK PERMITS

|  |  |                                      |   |  |
|--|--|--------------------------------------|---|--|
| <b>I. PROJECT INFORMATION</b>                          |  |                                      |   |  |
| PROJECT NAME   |  | JOB ADDRESS                          |   |  |
| CITY   | I VILLAGE                                      | I TOWNSHIP                           | I COUNTY                                    |  |
| BETWEEN  |  | AND                                  |   |  |
| ESTIMATED PROJECT COST                                 |  | PROPERTY TAX ID NUMBER               |   |  |
| <b>II. IDENTIFICATION</b>                              |  |                                      |   |  |
| <b>A. OWNER OR LESSEE</b>                              |  |                                      |   |  |
| NAME   |  | ADDRESS                              |   |  |
| CITY   | STATE  | I ZIP CODE                           | TELEPHONE NUMBER                            |  |
| <b>B. ARCHITECT OR ENGINEER</b>                        |  |                                      |   |  |
| NAME   |  | ADDRESS                              |   |  |
| CITY   | STATE  | ZIP CODE                             | TELEPHONE NUMBER                            |  |
| LICENSE NUMBER   |  | EXPIRATION DATE                      |   |  |
| <b>C. CONTRACTOR</b>                                   |  |                                      |   |  |
| NAME   |  | ADDRESS                              |   |  |
| CITY   | STATE  | I ZIP CODE                           | TELEPHONE NUMBER                            |  |
| BUILDERS LICENSE NUMBER                                |  | 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           |  |                                      |   |  |
| <b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>        |  |                                      |   |  |
| <b>A. TYPE OF IMPROVEMENT</b>                          |  |                                      |   |  |
| 1. <input type="checkbox"/> NEW BUILDING               | 3. <input type="checkbox"/> MOBILE HOME SET-UP | 5. <input type="checkbox"/> SIGN     | 7. <input type="checkbox"/> DEMOLITION      | 9. <input type="checkbox"/> RELOCATION |
| 2. <input type="checkbox"/> ALTERATION/REPAIR          | 4. <input type="checkbox"/> MANUFACTURED HOME  | 6. <input type="checkbox"/> ADDITION | 8. <input type="checkbox"/> FOUNDATION ONLY | 10. <input type="checkbox"/> OTHER     |
| <b>B. REVIEW(S) TO BE PERFORMED</b>                    |  |                                      |   |  |
| <input type="checkbox"/> BUILDING                      | <input type="checkbox"/> ELECTRICAL            | <input type="checkbox"/> MECHANICAL  | <input type="checkbox"/> PLUMBING           | <input type="checkbox"/> FOUNDATION    |

|   |   |  |  |                                   |       |
|---|---|--|--|-----------------------------------|-------|
| <b>IV. PROPOSED USE OF BUILDING</b>               |   |  |  |                                   |       |
| <b>A. RESIDENTIAL</b>                             |   |  |  |                                   |       |
| 1.0 ONE FAMILY                                    | 3.0 TOWNHOUSE<br>NO. OF UNITS                     | 5. <input type="checkbox"/> DETACHED GARAGE  |  |                                   |       |
| 2.0 TWO OR MORE FAMILY<br>NO. OF UNITS            | 4.0 ATTACHED GARAGE                               | 6.0 OTHER                                    |  |                                   |       |
| <b>B. COMMERCIAL</b>                              |   |  |  |                                   |       |
| 7.0 HOTEL/MOTEL                                   | 11.0 SERVICE STATION                              | 15.0 APARTMENT                               |  |                                   |       |
| 8.0 ASSEMBLY                                      | 12. D HOSPITAL, INSTITUTIONAL                     | 16.0 STORE, MERCANTILE                       |  |                                   |       |
| 9. <input type="checkbox"/> INDUSTRIAL            | 13. D OFFICE, BANK, PROFESSIONAL                  | 17. <input type="checkbox"/> TANKS, TOWERS   |  |                                   |       |
| 10.0 STORAGE                                      | 14. D RESTAURANT/BAR                              | 18. <input type="checkbox"/> OTHER SIGN      |  |                                   |       |
| DESCRIBE IN DETAIL PROPOSED PROJECT AND USE:      |   |  |  |                                   |       |
|   |   |  |  |                                   |       |
|   |   |  |  |                                   |       |
|   |   |  |  |                                   |       |
| <b>V. SELECTED CHARACTERISTICS OF BUILDING</b>    |   |  |  |                                   |       |
| <b>A. PRINCIPAL TYPE OF FRAME</b>                 |   |  |  |                                   |       |
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input checked="" type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. D REINFORCED CONCRETE   | 5. <input type="checkbox"/> OTHER |       |
| <b>B. PRINCIPAL TYPE OF HEATING FUEL</b>          |   |  |  |                                   |       |
| 6.0 GAS   | 7. D OIL  | 8. D ELECTRICITY                             | 9. D COAL  | 10. D OTHER                       |       |
| <b>C. TYPE OF SEWAGE DISPOSAL</b>                 |   |  |  |                                   |       |
| 11.0 PUBLIC OR PRIVATE COMPANY                    |   |  | 12.0 SEPTIC SYSTEM   |                                   |       |
| <b>D. TYPE OF WATER SUPPLY</b>                    |   |  |  |                                   |       |
| 13.0 PUBLIC OR PRIVATE COMPANY                    |   |  | 14.0 PRIVATE WELL OR CISTERN   |                                   |       |
| <b>E. TYPE OF MECHANICAL</b>                      |   |  |  |                                   |       |
| 15.0 WILL THERE BE AIR CONDITIONING? 0 YES 0 NO   |   |  | 16. WILL THERE BE FIRE SUPPRESSION? 0 YES <input checked="" type="checkbox"/> NO |                                   |       |
| <b>F. DIMENSIONS/DATA</b>                         |   | <b>WIDTH</b>                                 | <b>LENGTH</b>  | <b>HEIGHT</b>                     |       |
| 17. NUMBER OR STORIES                             | _____   | 21. FLOOR AREA:                              | EXISTING   | ALTERATIONS                       | NEW   |
| 18. USE GROUP                                     | _____   | BASEMENT                                     | _____  | _____                             | _____ |
| 19. CONST. 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 _____   |                                   |       |

**VI. APPLICANT INFORMATION**

|               |         |          |                  |
|---------------|---------|----------|------------------|
|               |         |          |                  |
| NAME          | ADDRESS |          |                  |
| CITY          | STATE   | ZIP CODE | TELEPHONE NUMBER |
| EMAIL ADDRESS |         |          |                  |
|               |         |          |                  |

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 of 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.

**SIGNATURE OF APPLICANT** ►

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**VII. BUILDING DEPARTMENT USE ONLY**

**ENVIRONMENTAL CONTROL APPROVALS**

|                     | REQUIRED?  | APPROVED | DATE | NUMBER | BY |
|---------------------|--|----------|------|--------|----|
| 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 |          |      |        |    |

**VIII. VALIDATION- FOR DEPARTMENT USE ONLY**

|                            |                             |
|----------------------------|-----------------------------|
| USE GROUP _____            | BASE FEE _____              |
| TYPE OF CONSTRUCTION _____ | NUMBER OF INSPECTIONS _____ |
| SQUARE FEET _____          |                             |
| APPROVAL SIGNATURE _____   |                             |
| TITLE _____                | DATE _____                  |

# BUILDING APPLICATION/ZONING

Site Plan: (Please read carefully and complete). Use the space below, or on a separate sheet of paper, to draw a diagram showing all of the following items.

1. The dimensions of the lot or acreages. (all sides)
2. The location, distances to lot lines, of all existing and proposed structures.
3. The dimensions of all existing and proposed structures.
4. The distances between all existing structures.
5. The location of all roads bordering or on the property.
6. The location of any power and gas lines on property.
7. The location of any lakes, rivers, streams, or wetland on or near property.
8. The location of any easements on the property.
9. A north arrow indicating the direction of north.

\*\*\*\*\*Do not write below this line\*\*\*\*\*

### Required setbacks

Front.\_\_\_\_ ft. Rear\_\_\_\_ ft. Side Right.\_\_\_\_ ft. Side Left.\_\_\_\_ ft.

Lot width \_\_\_\_\_ ft. Lot Area \_\_\_\_\_ Sq. ft. Living Area\_\_\_\_ \_

Dist. Between bldgs..\_\_\_\_\_ft. Zoning Dist.\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason Denied. \_\_\_\_\_