

AURELIUS TOWNSHIP
1939 S. Aurelius Road · Mason, Michigan 48854-9729
(517) 628-2093 · Fax (517) 628-3989

PROCEDURES TO BE FOLLOWED TO SECURE A SUNROOM PERMIT:

Step 1 Apply for and secure a **SOIL EROSION WAIVER** from the Ingham County Drain Commissioner's office. Enclosed form can be returned by e-mail to jlenn@ingham.org or by mail to P.O. Box 2020, 707 Buhl Street, Mason, MI 48854.

Contact Township office for **HOUSE NUMBER** information. The Building Permit will not be issued until you have a house number.

Step 2. **FURNISH A COPY OF THE SITE PLAN** to the Aurelius Township Office, 1939 S. Aurelius Road, Mason, MI., and **stake** the proposed project.

Step 3. Present the following to the township office:

1. A completed **building permit application**
2. A **set of building plans** for approval
3. A **building information and assessing worksheet**
4. A **signed building permit application addendum**
5. A **signed property line verification form**

Step 4. When all the above have been satisfactorily completed, a building permit may be secured at the Aurelius Township Hall, 1939 S. Aurelius Road, Mason, between 10:00 a.m. and 3:00 p.m., Tuesday through Friday. Charges will be made as follows:

\$.30 per square foot as determined by the building inspector
(\$150 minimum fee)

Step 5. A permit, which is also your receipt, shall be prominently displayed at the site for the use of the building, electrical, and mechanical inspectors. All inspections shall be strictly enforced.

A \$50 FEE WILL BE CHARGED IF YOU ASK FOR AN INSPECTION AND YOU ARE NOT READY!

AURELIUS TOWNSHIP

517-628-2093

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

All permit applications must be accompanied by detailed construction and site plans. Multi-Family and all Commercial plans must be signed and sealed by a State of Michigan, Registered Architect, or Engineer.

APPLICANT TO COMPLETE PAGES 1 THROUGH 3

I. LOCATION OF BUILDING				
STREET ADDRESS OF CONSTRUCTION:				
CITY	ZIP	AURELIUS TOWNSHIP	INGHAM COUNTY	
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP	PHONE	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP	PHONE	
LICENSE NUMBER		EXPIRATION DATE		
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP	PHONE	
LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NO OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NO OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT				
A. DESCRIBE IMPROVEMENT				
<input type="checkbox"/> New building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Wrecking
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Pre-manufacture	<input type="checkbox"/> Relocation	<input type="checkbox"/> Fence
<input type="checkbox"/> Pool	<input type="checkbox"/> Shed	<input type="checkbox"/> Deck	<input type="checkbox"/> Other	

IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
<input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family No. Of units _____		<input type="checkbox"/> Hotel, Motel No. Of units _____ <input type="checkbox"/> Other Use _____		<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage
B. NON-RESIDENTIAL				
<input type="checkbox"/> Amusement <input type="checkbox"/> Parking Garage <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Store, Mercantile		<input type="checkbox"/> Church, Religious <input type="checkbox"/> Service Station <input type="checkbox"/> Public Utility <input type="checkbox"/> Tanks, Towers		<input type="checkbox"/> Industrial <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> School, Library, Educational <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 is being changed, enter proposed use.				
V. SELECTED CHARACTERISTICS				
A. PRINCIPAL TYPE OF FRAME				
<input type="checkbox"/> Masonry, Wall Bearing <input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Structured Steel		<input type="checkbox"/> Other Type
B. PRINCIPAL TYPE OF HEATING FUEL				
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other Type _____
C. TYPE OF SEWAGE DISPOSAL				
SEWER CONTRACTOR		<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Septic System		
TYPE OF WATER SUPPLY				
WATER CONTRACTOR		<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private Well		
E. MECHANICAL				
MECHANICAL CONTRACTOR				
<input type="checkbox"/> AIR CONDITIONING			<input type="checkbox"/> ELEVATOR	
F. ELECTRICAL CONTRACTOR				
G. PLUMBING CONTRACTOR				
H. DIMENSIONS				
Total Floor Area (square feet) _____ Floor Area: 1 st & 2 nd floor _____ 3 rd - 10 th floor _____ 11 th - above floor _____			Total Land Area (square feet) _____ Number of Stories _____ Total Height _____	
I. NUMBER OF OFF-STREET PARKING SPACES				
Total Spaces Enclosed _____ Total Spaces Per Residential Unit _____			Total Spaces Outdoors _____ Handicapped Parking _____	

**AURELIUS TOWNSHIP
SITE OR PLOT PLAN**

N
W E
S

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 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.

TOTAL COST OF IMPROVEMENT \$ _____

SIGNATURE OF APPLICANT _____ DATE _____

Patrick E. Lindemann

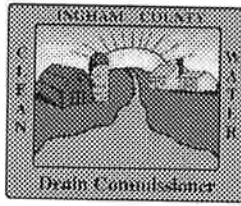
Ingham County Drain Commissioner

PO Box 220
707 Buhl Avenue
Mason, MI 48854-0220

Phone: (517) 676-8395

Fax: (517) 676-8364

http://dr.ingham.org



Carla Florence Clos
Deputy Drain Commissioner

Paul C. Pratt
Deputy Drain Commissioner

Angie Cosman
Chief of Engineering and Inspection

Sheldon Lewis
Administrative Assistant

SOIL EROSION AND SEDIMENTATION CONTROL PERMIT WAIVER

PERMIT WAIVER #

Date _____ Waiver# _____

Applicant _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Land Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Project Address _____ Owner Email _____

Legal Description: Section _____ Town _____ Range _____

Property Tax ID # _____ Township / City _____

Earth Change Description _____

Drain Number _____ Drainage District _____

This is to advise you that from the information provided, and pursuant to Part 91, Soil Erosion and Sedimentation Control of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Rules promulgated under Part 91, being R 323.1701 to R 324.1714, a Soil Erosion and Sedimentation Control Permit is not required. This Waiver may be presented to your local building official for compliance with Rule 323.1711. **THERE IS NO FEE OR CHARGE FOR ISSUANCE OF THIS WAIVER.**

This Agency has determined that the activity as proposed qualifies for a Waiver because either the activity is more than 500 feet from the water's edge of a lake or stream and the amount of earth change is less than one acre, or the activity does not otherwise require a Permit under Part 91 or the Rules (R 323.1705). This Waiver does not exempt any party from acquiring any other applicable permits through federal, state, county, or local agencies. Further, this Waiver does not exempt the earth disturbance activity from enforcement of Part 91, 1994 PA 451, as amended, and its Rules where there is a violation. Review of proposed drainage and grading plans has not been performed for this project and this Agency, by issuance of this Waiver, accepts no responsibility for any and all damages incurred by improper earthwork which might increase runoff and be subject to civil sanctions.

If the scope of activity changes or is different from what has been described, or if information is contrary to that submitted to this Agency, a Permit may be required; and, you must contact this Agency before commencing that earth disturbance. The County Enforcing Agency has the authority to stop any activity not in compliance with Part 91, 1994 PA 451, as amended, and its Rules.

I, the undersigned, affirm that the project referenced above will be completed as described to the County Enforcing Agency on this date.

Applicant's Signature: _____ Date _____

Landowner's Signature: _____ Date _____

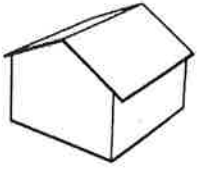
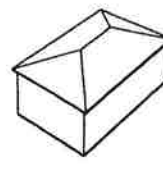
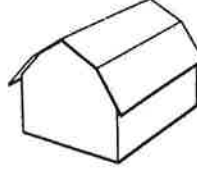
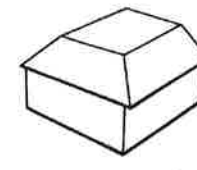
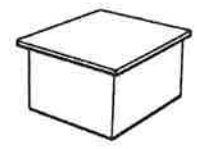
Reviewed and approved by: _____ Date _____

You Must Post a Copy of This Waiver at the Project Site Visible from the Public Road

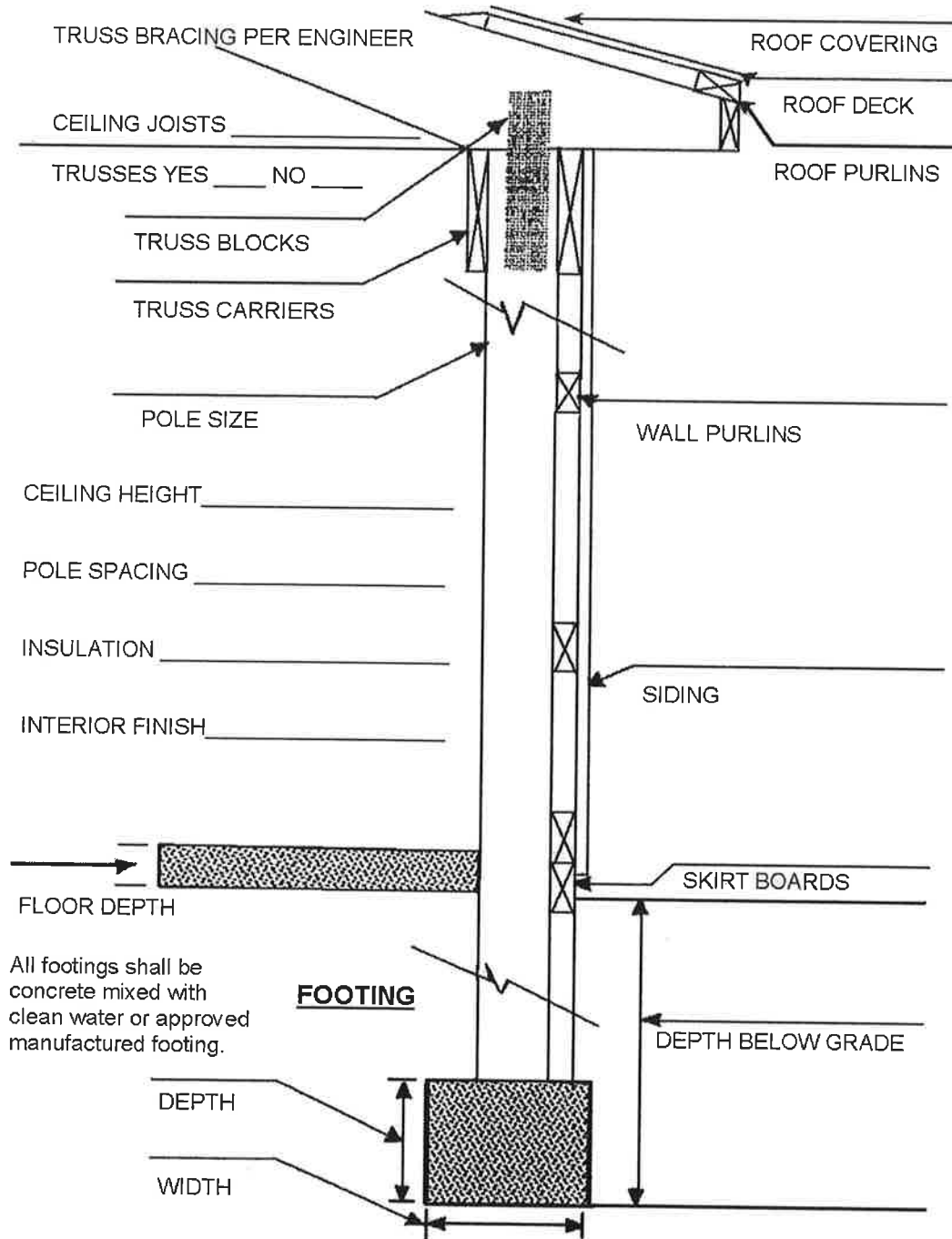
**AURELIUS TOWNSHIP
BUILDING INFORMATION AND ASSESSING WORKSHEET**

NAME				DATE				PERMIT NUMBER							
ADDRESS															
PARCEL NUMBER						PHONE NUMBER									
TYPE			3. ROOF						10. FLOOR SUPPORT						
Single Family			Gable		Gambrel		Hip			Joists " X " " O.c					
Other			Mansard		Flat					Unsupported Length Ft					
Wood Frame			Eavestrough						Sill Plate Yes No						
Year Built		Remodeled		Asphalt Shingles						Center Support					
Number of Rooms			Insulation						11. HEATING AND AIR CONDITIONING						
Basement			Chimney type						Gas		Oil		Electric		
1st Floor			Front overhang			Other overhang			Wood		Steam		Other		
2nd Floor			4. INTERIOR						Forced Air		Forced Warm Water				
Baths			Drywall		Plaster		Paneled			Heat Pump		Air		Water	
Total Bedrooms			Trim and Decoration						Central Air Conditioning						
1. EXTERIOR			Ex-ordinary		Ordinary		Minimum			12. Electric					
Wood, Shingle			Doors		Solid		Hardcore			Amps Service					
Aluminum, Vinyl			5. FLOORS						13. Plumbing						
Brick			Kitchen Floor			Other Floors			Number baths						
Block			6. CEILINGS						Ceramic Tile		Floor		Wainscot		
Stone			Drywall		Plaster		Tile			tub alcove		exhaust fan		extra lav	
Insulation			Suspended		Other			extra stool		separate shower					
2. WINDOWS			7. EXCAVATION						fiberglass bath unit		jacuzzi				
Many		Large		Basement sf		Crawl Space sf		water softener		owned		leased			
Average		Average		Slab sf		Height to joists ft		water heater							
Few		Small		8. BASEMENT						gallons		electric		gas	
Wood Sash			Block		Poured		Wood			14. WATER AND SEWER					
Metal Sash			9. BASEMENT FINISH						well		septic				
Vinyl Sash			Wall Finish						mound system		gallons				
Double Hung			Floor Finish						15. BUILT-IN ITEMS						
Horizontal Sliding			Ceiling Finish						oven		range		microwave		
Casement			Walkout						intercom		disposal		dishwasher		
Double Glass			Insulation						cen vacuum		wood stove		compactor		
Storms and Screens									hood/fan vented		yes		no		
Patio Doors									Chimney		1 sty.		inside		
											2 sty.		outside		
									Fireplace		Foundation		Pre-Fab		
ESTIMATED COST:											Free Stand		Hearth		

**AURELIUS TOWNSHIP
BUILDING INFORMATION AND ASSESSING WORKSHEET**

				PERMIT #	
NAME:				DATE	
ADDRESS				PHONE	
CITY			STATE		ZIP
PARCEL NUMBER					
POLE BARNs		SHEDs		EXTERIOR	
Size: _____ by _____		Size: _____ by _____		Wood	
Concrete Approach		Wood Frame		Aluminum	
Finished		Metal Prefab		Vinyl	
Insulated		Other		Other	
ROOF					
					
GABEL	HIP	GAMBREL	MANSARD	FLAT	
		WINDOWS	SIZE	GARAGE/CARPORT	
Eavestrough		Many	Large	Size _____ by _____	
Asphalt Shingles		Average	Average	Year Built	
Other		Few	Small	Attached or Separate	
Insulation		Wood Sash		Doors	
Overhang		Metal Sash		Automatic Doors	
PORCHES/DECKs		Vinyl Sash		Common Wall	
Width		Double Hung		Wall Finish	
Depth		Casement		Ceiling	
Type		Storms and Screens		Concrete Approach	
Covered?		Patio Doors		Size _____ by _____	
PORCHES/DECKs		PORCHES/DECKs		SIZE EST COST	
Width		Width			
Depth		Depth			
Type		Type			
Covered?		Covered?			

SUNROOM WALL DETAIL WORKSHEET



BUILDING PERMIT APPLICATION ADDENDUM

Building Permit No. _____ Parcel No. _____

Contractor's Name _____

Contractor's Address _____ Phone _____

Owner's Name _____

Owner's Address _____ Phone _____

I _____ (owner)

understand that I will not be able to occupy my dwelling until an occupancy permit has been issued. If I do occupy the dwelling without an occupancy permit, I will be subject to:

Upon conviction thereof, be fined not more than Five Hundred (\$500) dollars or imprisoned for not more than ninety (90) days, or both, and in addition shall pay all costs and expenses involved in the case. Each day such violation continues shall be considered a separate offense. (Aurelius Township General & Zoning Ordinances , 15.480, Sec. 605)

Owner Signature _____ Date _____

Contractor Signature _____ Date _____

**AURELIUS TOWNSHIP
1939 S. AURELIUS ROAD
MASON, MI 48854
(517) 628-2093**

Property Line Verification

I certify that the location of the property line is true and correct as identified to the Zoning Administrator.

If the location of the property line is incorrect, I am responsible for identifying the property line and moving the building if necessary.

Signature of property owner

Print name of property owner

Address	City	State	ZIP
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Date

Permit # _____