

**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 [jlynn@ingham.org](mailto:jlynn@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

<b>I. LOCATION OF BUILDING</b>				
STREET ADDRESS OF CONSTRUCTION:				
CITY	ZIP	AURELIUS TOWNSHIP	INGHAM COUNTY	
<b>II. IDENTIFICATION</b>				
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				
<b>III. TYPE OF IMPROVEMENT</b>				
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	

<b>IV. PROPOSED USE OF BUILDING</b>				
<b>A. RESIDENTIAL</b>				
<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>B. NON-RESIDENTIAL</b>				
<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.				
<b>V. SELECTED CHARACTERISTICS</b>				
<b>A. PRINCIPAL TYPE OF FRAME</b>				
<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>B. PRINCIPAL TYPE OF HEATING FUEL</b>				
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other Type _____
<b>C. TYPE OF SEWAGE DISPOSAL</b>				
SEWER CONTRACTOR _____		<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Septic System		
<b>TYPE OF WATER SUPPLY</b>				
WATER CONTRACTOR _____		<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private Well		
<b>E. MECHANICAL</b>				
MECHANICAL CONTRACTOR _____				
<input type="checkbox"/> AIR CONDITIONING			<input type="checkbox"/> ELEVATOR	
F. ELECTRICAL CONTRACTOR _____				
G. PLUMBING CONTRACTOR _____				
<b>H. DIMENSIONS</b>				
Total Floor Area (square feet) _____ Floor Area: 1 <sup>st</sup> & 2 <sup>nd</sup> floor _____ 3 <sup>rd</sup> - 10 <sup>th</sup> floor _____ 11 <sup>th</sup> - above floor _____		Total Land Area (square feet) _____ Number of Stories _____ Total Height _____		
<b>I. NUMBER OF OFF-STREET PARKING SPACES</b>				
Total Spaces Enclosed _____ Total Spaces Per Residential Unit _____		Total Spaces Outdoors _____ Handicapped Parking _____		

**AURELIUS TOWNSHIP  
SITE OR PLOT PLAN**

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**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.

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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.

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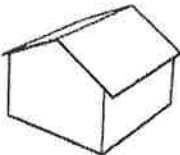
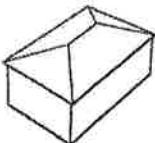
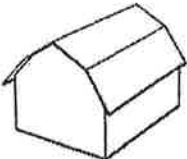
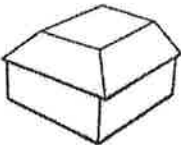
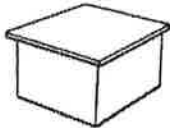
TOTAL COST OF IMPROVEMENT \$ \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

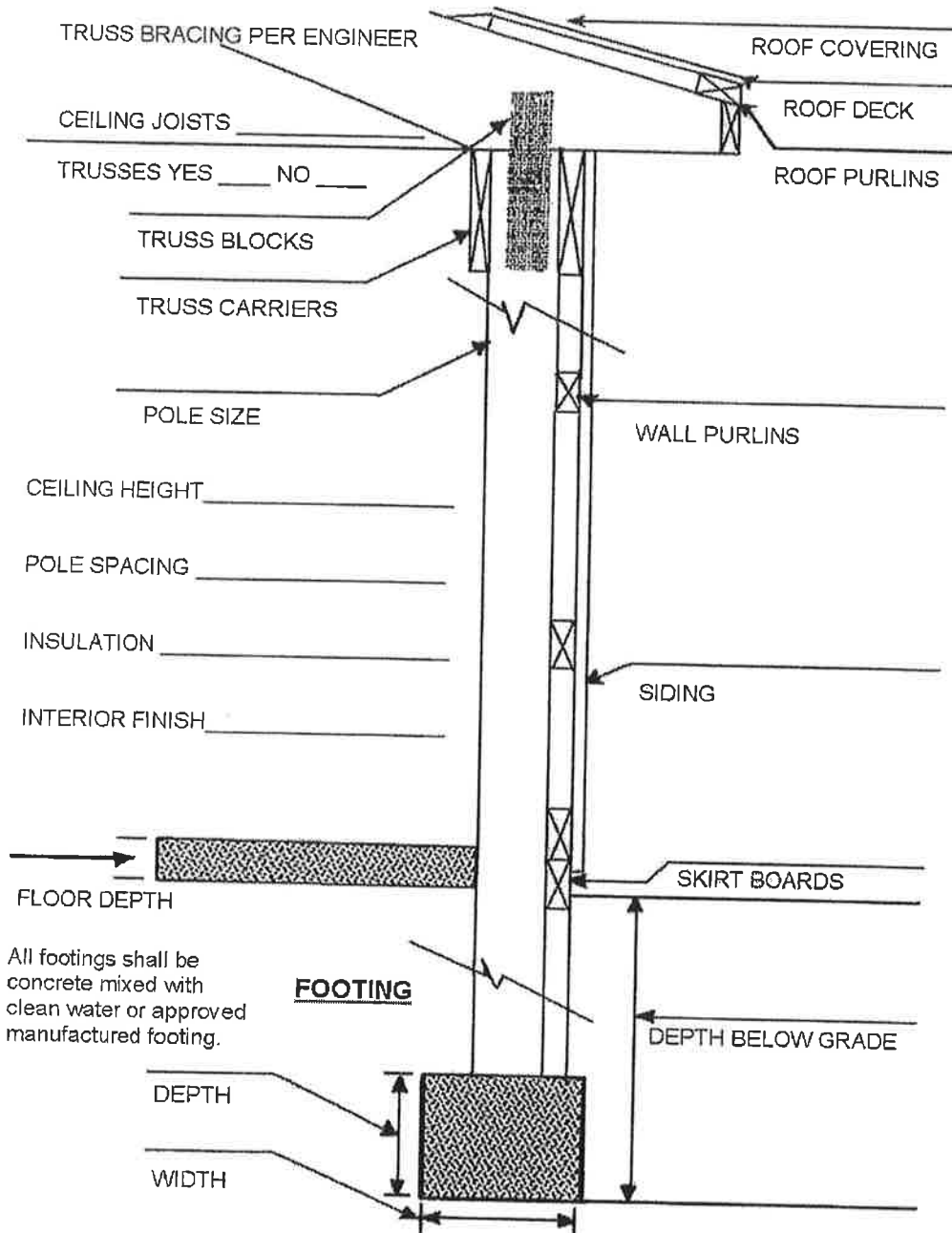
**AURELIUS TOWNSHIP  
BUILDING INFORMATION AND ASSESSING WORKSHEET**

NAME				DATE				PERMIT NUMBER							
ADDRESS															
PARCEL NUMBER				PHONE NUMBER											
<b>TYPE</b>			<b>3. ROOF</b>					<b>10. FLOOR SUPPORT</b>							
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					<b>11. HEATING AND AIR CONDITIONING</b>							
Basement			Chimney type					Gas		Oil		Electric			
1st Floor			Front overhang		Other overhang					Wood		Steam		Other	
2nd Floor			<b>4. INTERIOR</b>					Forced Air		Forced Warm Water					
Baths			Drywall		Plaster		Paneled			Heat Pump		Air		Water	
Total Bedrooms			Trim and Decoration					Central Air Conditioning							
<b>1. EXTERIOR</b>			Ex-ordinary		Ordinary		Minimum			<b>12. Electric</b>					
Wood, Shingle			Doors		Solid		Hardcore			Amps Service					
Aluminum, Vinyl			<b>5. FLOORS</b>					<b>13. Plumbing</b>							
Brick			Kitchen Floor		Other Floors					Number baths					
Block			<b>6. CEILINGS</b>					Ceramic Tile		Floor		Wainscot			
Stone			Drywall		Plaster		Tile			tub alcove		exhaust fan		extra lav	
Insulation			Suspended		Other		extra stool					separate shower			
<b>2. WINDOWS</b>			<b>7. EXCAVATION</b>					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	<b>8. BASEMENT</b>					gallons		electric		gas			
Wood Sash			Block		Poured		Wood			<b>14. WATER AND SEWER</b>					
Metal Sash			<b>9. BASEMENT FINISH</b>					well		septic					
Vinyl Sash			Wall Finish					mound system					gallons		
Double Hung			Floor Finish					<b>15. BUILT-IN ITEMS</b>							
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			
<b>ESTIMATED COST:</b>										Free Stand		Hearth			

**AURELIUS TOWNSHIP  
BUILDING INFORMATION AND ASSESSING WORKSHEET**

				PERMIT #		
NAME:				DATE		
ADDRESS				PHONE		
CITY		STATE		ZIP		
PARCEL NUMBER						
<b>POLE BARNs</b>		<b>SHEDs</b>		<b>EXTERIOR</b>		
Size: _____ by _____		Size: _____ by _____		Wood		
Concrete Approach		Wood Frame		Aluminum		
Finished		Metal Prefab		Vinyl		
Insulated		Other		Other		
<b>ROOF</b>						
						
GABEL	HIP	GAMBREL	MANSARD	FLAT		
		<b>WINDOWS</b>	<b>SIZE</b>	<b>GARAGE/CARPORT</b>		
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		
<b>PORCHES/DECKs</b>		Vinyl Sash		Common Wall		
Width		Double Hung		Wall Finish		
Depth		Casement		Ceiling		
Type		Storms and Screens		<b>Concrete Approach</b>		
Covered?		Patio Doors		Size _____ by _____		
<b>PORCHES/DECKs</b>		<b>PORCHES/DECKs</b>		<b>SIZE</b>		
Width		Width				
Depth		Depth				
Type		Type				
Covered?		Covered?		<b>EST COST</b>		

# 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**

\_\_\_\_\_  
**Date**

**Permit #** \_\_\_\_\_