

Mussey Township Building Department

135 N. Main, P.O. Box 118

Capac, MI 48014

Phone: 810-395-4915 Fax: 810-395-7182

www.musseytownship.org

Building Administrator:

Cindy Zehnder Mussey Township: 810-395-4915

Building Inspector:

James Newberry Cell Phone: 810-656-2091

Mechanical & Plumbing Inspector:

Dan Jex Cell Phone: 810-531-3030

Electrical Inspector:

Brian Schaefer Cell Phone: 810-531-3918

St. Clair County Road Commission

Driveway Culvert Permits 810-364-5720

St. Clair County Health Department

Well, Sewage and Soil Erosion Permits 810-987-5306

Please return all permits to the Building Administrator at the Township Office. Please allow 5 – 10 days for approval.

Mussey Township Building Department

Building Information

Date: _____

Applicant: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Job Location: _____ Property Size _____

Permit to: ☐ Construct New ☐ Alter ☐ Remodel ☐ Addition ☐ Single Family ☐
Attached Garage ☐ Pole Type ☐ Detached Garage ☐ Other

Specify intended uses _____ % Lot Coverage _____ Date of Split _____

Building Width _____ Building Length _____ Building Height _____

Sq. Ft. First Floor _____ Sq. Ft. Second Floor _____ Sq. Ft. Garage _____

Are there presently any buildings on this property? Yes ☐ No ☐

Is there an easement on this property? Yes ☐ No ☐

Is there a lake, stream, or natural body of water on this property? Yes ☐ No ☐

If construction is for accessory building will it contain animals? Yes ☐ No ☐

Setbacks: Front _____ Left side _____ Right side _____ Rear _____

Road Frontage _____

Property I.D. Number: _____

It is your responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations.

I certify that all statements are true and I will comply with all land use regulations.

Applicant's Signature

Date:

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Driver's license # _____

Building Information

The following information is required for a Building Permit:

PROPERTY OWNER INFORMATION (PLEASE PRINT)

Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Driver's License # _____

PROPERTY OWNER AFFIDAVID: I hereby certify the work described on this permit application shall be installed in accordance with the State Code and shall not be enclosed, covered up or put into operation until it has been inspected and approved by the Mussey Twp. Inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary inspections.

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 Law, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building structure. Violators of Section 23a are subject to civil fines.

OWNER'S SIGNATURE _____ DATE _____

CONTRACTORS INFORMATION (PLEASE PRINT)

Company Name on License _____ Phone# _____
Contractors License Number _____ Expiration Date _____
Address _____ City _____ State _____ Zip _____
Federal ID Number _____
Insurance Carrier _____
MESC Number _____

CONTRACTOR AFFIDAVID: I hereby certify that the proposed work is 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 and local jurisdiction. All information 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 Law, prohibits a person from conspiring to circumvent the

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licensing requirements of the state relating to persons who are to perform work on a residential building structure. Violators of Section 23a are subject to civil fines.

SIGNATURE _____ DATE _____

PRINT NAME _____

Local Government to complete this section

	Required	Approved	Date	Permit No.
A. Zoning Permit	YES NO	_____		
B. Plot Plan Approval	YES NO	_____		
C. Soil Erosion	YES NO	_____		
D. Flood Zone	YES NO	_____		
E. Water Supply	YES NO	_____		
F. Septic System	YES NO	_____		
G. Driveway Permit	YES NO	_____		
H. Variance Granted	YES NO	_____		

Validation

Building Permit No. _____ Building Type: _____

Issued Date: _____ Building Use: _____

Building Permit Fee: _____

Zoning Permit Fee: _____ Approved By: _____

Plan Review Fee: _____ Approved By: _____

Plot Plan Review Fee: _____

Mussey Township Building Department

Total Fee Amount \$ _____ Bond \$ _____

Paid On: _____ Cash/Check Number _____

Building Application

IMPORTANT – Applicant to complete all items below

JOB LOCATION

BETWEEN _____ AND _____
no. street city zip
cross street cross street

LOT SIZE _____

CHECK THE APPROPRIATE INFORMATION BELOW

WORK CLASS

- ☐ New Building
- ☐ Addition
- ☐ Code, Compliance Inspection
- ☐ Repair, Replacement
- ☐ Wrecking
- ☐ Moving (relocation)
- ☐ Remodel/Alter

USE TYPE

- ☐ Conventional Home
- ☐ Modular Home
- ☐ Garage Attached
- ☐ Accessory Building
- ☐ Deck/Porch/Awning
- ☐ Shed
- ☐ In Ground Pool
- ☐ Commercial/Industrial
- ☐ Manufactured Home
- ☐ Multi-Family Dwelling
- ☐ Garage Unattached
- ☐ Garage w/breezeway
- ☐ Car Port
- ☐ Other _____
- ☐ Wall Sign
- ☐ Ground Sign

ESTIMATED COST OF JOB

\$ _____

Permit Approved by: _____ Date: _____

FOUNDATION TYPE

- ☐ Basement Block
- ☐ Basement Poured
- ☐ Basement Wood
- ☐ Crawl Block
- ☐ Crawl Wood
- ☐ Slab
- ☐ Reinforced Mat
- ☐ 42" Footing/9" Pad
- ☐ 42" Footings
- ☐ Piers
- ☐ Existing
- ☐ Other

Number of Inspections Required: _____

Residential Plan Review Charge ☐ YES ☐ NO

REMARKS: _____

PRINCIPAL TYPE OF HEATING FUEL

- ☐ Natural Gas
- ☐ Electric
- ☐ Geo Thermal Open System

Total Sq. Ft. of new living
area of all floors, based on
exterior dimensions _____

Garage Sq. Ft. _____

WILL THERE BE CENTRAL AIR
☐ YES ☐ NO

FINISHED BASEMENT

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<input type="checkbox"/> Geo Thermal Closed Loop	Number of Stories _____	AT OCCUPANCY
<input type="checkbox"/> Other	Number of Bedrooms _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
# _____	Number of Bathrooms _____	
<input type="checkbox"/> SEPTIC <input type="checkbox"/> SEWER	Full _____	ALTERNATIVE
# _____	Partial _____	HEATING
DRIVEWAY PERMIT		<input type="checkbox"/> Masonry
# _____		<input type="checkbox"/> Fireplace Insert
SOIL EROSION PERMIT		<input type="checkbox"/> Gas Log Fireplace
# _____	Commercial Sq. Ft. _____	<input type="checkbox"/> Free Standing Wood Stove
WELL PERMIT		<input type="checkbox"/> Stand Aside Wood Stove

Building Application

ARCHITECT OR ENGINEER INFORMATION (PLEASE PRINT)

Name: _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

SIGNATURE _____ DATE _____

OTHER REQUIREMENTS:

Two sets of Engineered Prints-----Including Truss Prints
Survey and Legal Disruption of property
Township Approved Split
Site Plan

Special Notes:

1. You must have house numbers posted before inspection. Check township Address numbering ordinance #12.
2. Both Rough and Final Inspections on Electrical, Mechanical and Plumbing will need to be completed before the Building Rough and Final Inspection.
3. Certificate of Occupancy will not be issued until House Numbering Ordinance has been complied with.

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SITE OR PLOT PLAN – FOR APPLICANT USE

A full page of blank graph paper with a uniform grid of small squares. The grid consists of 20 columns and 20 rows, creating a total of 400 small squares. The lines are thin and black, set against a white background. There are no margins, text, or other markings on the page.

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[illegible]

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE:

