

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](http://www.musseytownship.org)

Building Administrator:

Debra L. Hlubic Mussey Township: 810-395-4915

Building Inspector:

Mel McNutt Cell Phone: 586-337-0558

Mechanical & Plumbing Inspector:

Dan Jex Cell Phone: 810-531-3030

Electrical Inspector:

Paul Raicevich Cell Phone: 586-873-2660

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

Drain Commission 810-364-5369

21 Airport Dr.

St. Clair, MI 48060

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:

Mussey Township Building Department

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

# Mussey Township Building Department

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 \_\_\_\_\_

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## Local Government to complete this section

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	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	_____	_____	_____

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## Validation

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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

\_\_\_\_\_ no. street city zip  
BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
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  Piers
- Basement Poured  Existing
- Basement Wood  Other
- Crawl Block
- Crawl Wood
- Slab
- Reinforced Mat
- 42" Footing/9" Pad
- 42" Footings

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

Mussey Township Building Department

Geo Thermal Closed Loop  
 Other

# \_\_\_\_\_  
 SEPTIC  SEWER  
# \_\_\_\_\_

DRIVEWAY PERMIT  
# \_\_\_\_\_

SOIL EROSION PERMIT  
# \_\_\_\_\_

WELL PERMIT

Number of Stories \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_  
Full \_\_\_\_\_  
Partial \_\_\_\_\_

Commercial Sq. Ft. \_\_\_\_\_

AT OCCUPANCY  
 YES  NO

ALTERNATIVE  
HEATING

Masonry  
 Fireplace Insert  
 Gas Log Fireplace  
 Free Standing Wood Stove  
 Stand Aside Wood Stove

Building Application

ARCHITECT OR ENGINEER INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

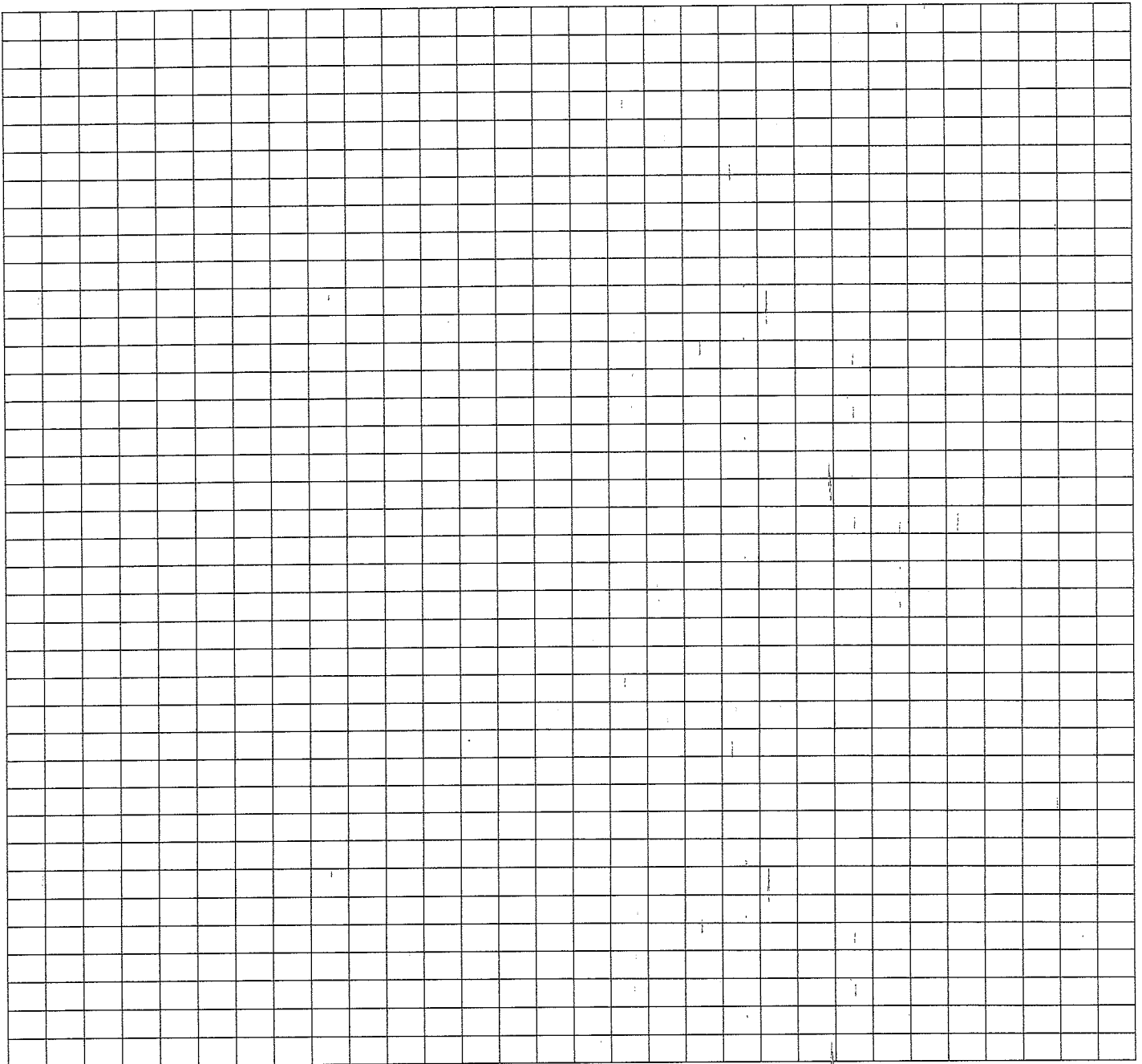
**OTHER REQUIREMENTS:**

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.

SITE OR PLOT PLAN – FOR APPLICANT USE







PERFORMANCE BONDS  
Mussey Township  
135 N. Main Street, P.O. Box 118  
Capac, MI 48014

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

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

Job Address: \_\_\_\_\_

A cash bond in the amount of \$ \_\_\_\_\_ has been deposited with the Township of Mussey. Your bond will be returned by mail within 4-6 weeks of receiving a certificate of occupancy. Additional inspections will be taken out of the bond at \$50.00 per each additional inspection required.

I UNDERSTAND THE PERMIT THE BOND IS ATTACHED TO MUST BE FINALED WITHIN 6 MONTHS FROM THE ISSUANCE OR THE BOND WILL BE FORFEITED.

AN EXTENSION MAY BE GRANTED WITH APPROVAL OF THE BUILDING OFFICIAL BEFORE EXPIRATION.

I UNDERSTAND A CITATION MAY BE ISSUED IF THE WORK IS NOT FINALED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
For Office Use:

NAME: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

\_\_\_\_\_  
OK TO RETURN BOND: \_\_\_\_\_

ADDITIONAL INSPECTIONS: \_\_\_\_\_ X 60.00 = \_\_\_\_\_

AMOUNT TO RETURN: \_\_\_\_\_