



COMMERCIAL PERMIT APPLICATION CHECKLIST

Vevay Township
517.676.9523

780 Eden Road Mason, MI 48854
supervisor@vevaytownship.org

www.vevaytownship.org

Permit Application Address _____

Owner's Name _____

Contractor's Name _____

BEFORE A PERMIT MAY BE ISSUED all of the following documentation (items 1-7) must be submitted or justified as non-applicable. **PLEASE INDICATE BY CHECK MARK** that each item has been enclosed with the application.

___ 1. **Zoning Approval** – Zoning Permit Application – Required for **ALL applications**

___ 2. **Site Plan** (submitted with construction plans) – Required for **ALL applications.**

___ 3. **Address** is required for **ALL commercial properties.**

The Township Supervisor and Assessor will assist in creating a new address if needed.

___ 4. **Parcel Number** Required for **ALL applications.**

___ 5. **Soil Erosion Permit/Waiver** – Required for **ALL applications**

Ingham Co. Drain Commission: (517)-676-8395

___ 6. **P.A. 135 Disclosure**

Licensing information is located on the Commercial Application.

___ 7. **Construction Documents** – Required by Michigan Building Code.

The following documentation (items 8-12) may also be required. The applicant is responsible for obtaining the following referenced permits or waivers.

___ 8. **Curb or Sidewalk Cut**

___ 9. **Sign or Billboard Permit**

___ 10. **Demolition Permit**

___ 11. **Storm Sewer Connection and/or Sanitary Tap**

___ 12. **Public Health Permits** (public pools, food service, commercial laundry, etc.)

Responsibilities of Applicants

It is the legal responsibility of the applicant to call for all required inspections before any electrical, plumbing, mechanical, or structural work is concealed or covered.

It is also the applicant's responsibility to obtain and submit separate applications for any electrical, plumbing, mechanical, or structural building permits.

Section 23a of the state 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

DATE

NO PERMIT IS REQUIRED FOR:

RE-SHINGLING: Provided two layers or less, and no roof boards or rafters are being replaced, or any change in shape.

RE-SIDING: No physical change other than siding.

WINDOW REPLACEMENTS: Same size not requiring new headers.

SHEDS: 200 square feet or smaller do not require a building permit **BUT DO REQUIRE ZONING APPROVAL.**

Please call in all inspection requests to the **Vevay Township Office** before 3:30pm on the day before the inspection is needed.



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PERMIT NUMBER: _____ DATE: _____

Applicant _____ Phone _____

Lot owner _____ Phone _____

Applicant email _____ Owner email _____

Lot owner address _____

Parcel Number 33-10-10- _____ - _____ - _____

Basic Dimensions: No. floors _____ Bldg. Height _____

Estimated Cost of Project \$ _____

NONRESIDENTIAL – Describe in detail the proposed use of the building, e.g., food processing plant, machine shop, parking garage, office building at industrial plant, etc. If the use of an existing building is being changed, enter the proposed use. **Type of Improvement:**

Required Documents

Additional Permits Required (please check all that apply)

___ Zoning Permit Application

___ Curb or Sidewalk Cut

___ Storm Sewer Connection

___ Site Plan

___ Electrical

___ Sanitary Tap

___ Soil Erosion Permit/Waiver

___ Mechanical

___ Public Health

___ P.A. 135 Disclosure

___ Plumbing

___ Other (Please list)

___ Construction Documents

___ Sign or Billboard

___ Demolition

Permit Cost \$ _____

By: _____
Vevay Township Official



APPLICATION – ZONING COMPLIANCE PERMIT APPLICATION

Vevay Township
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supervisor@vevaytownship.org

www.vevaytownship.org

PERMIT NUMBER: _____ DATE: _____

Applicant _____ Phone _____

Lot owner _____ Phone _____

Applicant email _____ Owner email _____

Lot owner address _____

Parcel Number 33-10-10- _____ - _____ - _____

Description of intended use or activity:

Zoning Administrator Comments:

Zoning Permit cost \$ _____

ZONING ADMINISTRATOR

If denied, an application for appeal must be filed within 14 days of the denial letter from the Zoning Administrator. Applicant hereby authorizes any Vevay Township Official to enter the above described premises for inspection purposes.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF LOT OWNER DATE



SITE PLAN

Vevay Township
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supervisor@vevaytownship.org

www.vevaytownship.org

Lot owner _____

Lot address _____

Parcel Number 33-10-10-_____-_____-_____

1. Draw lot lines (show dimensions in feet)
2. Label streets
3. Draw existing structures and driveways with dimensions.
4. Draw proposed construction and any proposed driveways with dimensions.
5. Show distance from all sides of buildings to property lines in feet.
6. Draw location of septic field and well.
7. Draw lakes, streams, and wetlands on your property.
8. Contractor/owner will stake 2 adjacent lot lines for the first inspection.
9. Contractor/owner will stake proposed building location for first inspection.
10. Contractor/owner will stake proposed building location and clearly identify lot lines for first inspection.

SIGNATURE OF APPLICANT

DATE



COMMERCIAL CONTRACTOR INFORMATION

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The applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

Contractor Name _____ Phone _____

Contractor Email _____

Address _____ City, State, Zip Code _____

Federal ID _____ MESC Employer No. _____

License No. _____ Exp Date _____

Worker's Compensation Carrier _____

If exempt from any of the above, explain here:

Lot Owner's Affidavit and Signature

I hereby certify that the work described in this application shall be installed in accordance with the local code and shall not be enclosed or covered up until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility of arranging for necessary and timely inspections.

SIGNATURE OF LOT OWNER

DATE

Agent/Contractor's Affidavit and Signature

I hereby certify that the proposed work is authorized by the owner of record, and I have been authorized by the owner to make this application as his/her authorized agent. I also certify that all work will be properly inspected in a timely fashion.

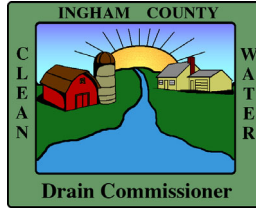
SIGNATURE OF AGENT/CONTRACTOR

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

Date _____ Waiver# _____

Applicant _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Land Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Project Address _____ Land Owner Email _____

Legal Description: Section _____ Town _____ Range _____

Property Tax ID # _____ Township / City _____

Earth Change Description _____

Drain Number _____ Drainage District _____

PERMIT WAIVER #

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 323.1714, 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

DRAIN OFFICE TO COMPLETE HIGHLIGHTED FIELDS