

# APPLICATION FOR TYRONE TOWNSHIP BUILDING PERMIT

28 E MUSKEGON ST - PO BOX 275, KENT CITY, MI 49330  
616-678-4779 fax: 616-678-5513

BUILDING INSPECT.  
INSP.

ELECTRICAL INSPECT.

PLUMBING & MECHANICAL

Casey Patterson  
616-678-4779

Dennis Cassady  
616-696-9609

David Cooley  
616-447-0878

**Mon 8-10am**

**Wed 8-9am & 2-4pm**

DATE: \_\_\_\_\_

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

BUILDING SITE ADDRESS: \_\_\_\_\_ PP # 41-01-\_\_\_\_-\_\_\_\_-\_\_\_\_

BETWEEN WHAT CROSS STREETS: \_\_\_\_\_ AND \_\_\_\_\_

**APPLICANT/CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

**OWNER'S NAME IF DIFFERENT THAN ABOVE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## BUILDING INFORMATION

LOT SIZE: \_\_\_\_\_ SQUARE FOOT OF BUILDING: \_\_\_\_\_

BUILDING DIMENSIONS: \_\_\_\_\_ FT WIDE BY \_\_\_\_\_ FT LONG \_\_\_\_\_ FT HIGH

ESTIMATED COST: \$ \_\_\_\_\_ TYPE OF BUILDING: \_\_\_\_\_  
(house, garage, pole bldg, etc)

TYPE OF FOUNDATION: \_\_\_\_\_

**\*\*\* ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION \*\*\***  
**SEE BUILDING PERMIT INFORMATION CHECKLIST**

Fees are determined as follows:

- Base fee - \$75.00
- Permit fee – per \$1000 of cost 3.50
- Mechanical, Electrical & Plumbing fees – determined by permits
- Agricultural Site Review 30.00

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

\_\_\_\_\_ phone # \_\_\_\_\_  
Name  
\_\_\_\_\_ fax # \_\_\_\_\_  
Address  
\_\_\_\_\_ cell # \_\_\_\_\_

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 we agree 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.

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

\_\_\_\_\_  
Application Date

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**Local governmental agency to complete this section below**

**Environmental control approvals**

**Approved**

**Zoning** \_\_\_\_\_  
**Soil Erosion** \_\_\_\_\_  
**Flood Zone** \_\_\_\_\_  
**Water Supply** \_\_\_\_\_  
**Septic System** \_\_\_\_\_  
**Variance Granted** \_\_\_\_\_  
**Other** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Approved by:**

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

**Permit Fee** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

# TYRONE TOWNSHIP BUILDING DEPARTMENT

## AFFIDAVIT

In compliance with P.A. 383 of 1965 (Residential Builders, Maintenance and Alteration Contractors Law), and amendment of Section 16A, By P.A. 153 of 1967.

STATE OF MICHIGAN

COUNTY OF KENT

I, \_\_\_\_\_, \_\_\_\_\_  
(name) (address)

\_\_\_\_\_, \_\_\_\_\_  
(City, State, Zip) (phone#)

Hereby execute this affidavit for the attached permit # \_\_\_\_\_ testifying to a legal exemption for a license number as prescribed in the above Public Act and Amendment.

By signing this statement, I assume the following responsibilities:

1. The work regulated by this permit must meet zoning and building code regulations. If a violation exists, the **Holder of the Permit** must improve it to acceptable standards.
2. All insurance liability is assumed by the **Permit Holder**.
3. The responsibility for injury to workers also falls on the Permit Holder as homeowner's policies **Do Not** normally cover worker's compensation claims.
4. All electrical, mechanical and plumbing work done under the attached permit will be done personally by me.
5. The construction work covered by this permit will be for my own use or occupancy and will be located on property owned by me.

Signed \_\_\_\_\_

Witness \_\_\_\_\_



## Certificate of Occupancy Deposit

Tyrone Township requires a \$500.00 Certificate of Occupancy Deposit to insure compliance with the Michigan Building Code Section 110.

This deposit will be refunded to the applicant within 7 days after the issuance of Certificate-of-Occupancy. This occurs as long as the building or work for which the permit was issued has not been occupied.

In the event the Building Inspector determines the building has been occupied Prior to the issuance of "C of O" the deposit will be forfeited. (Forfeiture of the deposit will in no way constitute failure to comply with the code).

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Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Date Paid: \_\_\_\_\_

Cash       Check # \_\_\_\_\_       Money Order

Worksite address: \_\_\_\_\_

Deposit returned: \_\_\_\_\_ Twp Ck # \_\_\_\_\_  
(date)

**TYRONE TOWNSHIP  
TO ALL CONTRACTORS WORKING IN TYRONE TOWNSHIP**

All contractors are required to register their new license each year. This registration form should be read, signed and returned. This contractor is aware of the following Tyrone Township requirements:

1. A copy of the contractor's license must accompany this registration.
2. Only registered licensed contractors can obtain permits.
3. Permit is required prior to commencement of work.
4. Proper street address obtained from Kent County Road Commission must be on all permits and be used when requesting inspections.
5. Permit is valid only when received and accepted by inspection personnel.
6. No work shall be covered or concealed without inspection and approval.
7. Each contractor is responsible for arranging his own inspections.
8. Final inspections and Certificate of Occupancy is required for all projects before occupancy occurs.
9. Homeowners can obtain a Homeowner Permit for a single-family dwelling in which he lives or is about to occupy for not less than one (1) year.
10. This registration may be revoked by Tyrone Township if at any time code or ordinance violations are not corrected within 30 days.

License Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_

License Holder's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Contractor's License # \_\_\_\_\_ License Expires \_\_\_\_\_

Contractor's License Issued by \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Workman's Comp carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal ID # \_\_\_\_\_ MESC # \_\_\_\_\_

**PLEASE REMIT \$3.00 FEE:** Tyrone Township  
28 E Muskegon St. PO Box 275  
Kent City, MI 49330

**TYRONE TOWNSHIP  
KENT COUNTY, MICHIGAN**

28 E Muskegon St -PO Box 275, Kent City, MI 49330  
Phone (616)-678-4779 Fax (616)-678-5513

**Michigan Energy Code**

Date: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

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

Attic Insulation: \_\_\_\_\_ inches (blown-in or batt) R value \_\_\_\_\_

Sidewall Insulation: \_\_\_\_\_ inches (blown-in or batt) R value \_\_\_\_\_

Home will have thermal windows:  Double  Triple pane

Wall Sheathing type: \_\_\_\_\_

This structure meets Energy Code Requirements

\_\_\_\_\_ Builder

# TYRONE TOWNSHIP ZONING APPLICATION

28 E Muskegon St PO Box 275, Kent City, MI 49330  
(616) 678-4779 fax:(616) 678-5513

The Zoning Application must be filled out completely and must be approved before a building permit will be issued. Use the attached page to draw a site plan showing the following items:

1. Dimension of the lot and/or acreage (all sides)
2. The location, with distances to the lot lines, of existing and proposed structures
3. The dimensions of all existing and proposed structures
4. The distance between all existing structures
5. The location of all roads bordering or on the property
6. The location of any power or gas lines on the property
7. The location of any lakes, rivers, stream or wetlands on or near the property
8. The location of any easements on the property
9. An arrow indicating direction of north
10. Setbacks:

Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(a) \_\_\_\_\_ (b) \_\_\_\_\_

Lot dimensions: \_\_\_\_\_ Area: \_\_\_\_\_

Zoning District \_\_\_\_\_

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Permanent Parcel # 41-01-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Description of proposed use \_\_\_\_\_

\_\_\_\_\_

## Zoning Approval (office use only)

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial : \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_



**An accurate drawing showing the lot and distance to the various lot lines from buildings, on a minimum lot size of 1 acre with a minimum 150 ft of road frontage. House must have a minimum of 900 sq ft of living space.**

## Site Plan Diagram