

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
City of Leslie

# BUILDING PERMIT

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

New residential construction, addition, and alteration

CITY OF LESLIE  
BUILDING DEPT.  
602 W Bellevue/PO Box 496  
Leslie, MI 49251-0496  
269.629.0600  
800.627.2801

Job Address: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Type Const.: \_\_\_\_\_  
Basic Dimensions: \_\_\_\_\_ ft. X \_\_\_\_\_ ft.  
No. Floors: \_\_\_\_\_

Property Tax ID#: \_\_\_\_\_  
Permit Determinant: \_\_\_\_\_  
Owner: \_\_\_\_\_ ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

_____ Sq. ft. main floor	_____ No. rooms 2nd floor	_____ No. wood burners
_____ Sq. ft. second floor	_____ No. full baths	_____ Sq. ft. porches/breezeways
_____ Sq. ft. fin. Basement	_____ No. half baths	_____ Sq. ft. wood deck
_____ No. rooms unfin. Bsmt.	_____ No. fireplaces	_____ (ft.) ceiling height
_____ No. rooms 1st floor	_____ No. chimneys	_____ (ft.) building height
_____ Sq. ft. garage (attached garage requires fire separation)		

## PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

### FOUNDATIONS (11)

\_\_\_\_\_ ftgs. \_\_\_\_\_ "x \_\_\_\_\_"  
\_\_\_\_\_ " Below finished grade  
\_\_\_\_\_ No. post footings  
\_\_\_\_\_ "x \_\_\_\_\_ "x \_\_\_\_\_"  
\_\_\_\_\_ Poured walls  
\_\_\_\_\_ H.C. block \_\_\_\_\_ "  
\_\_\_\_\_ Wood foundation  
(provide diagram)  
\_\_\_\_\_ Ft. Foundation wall height  
\_\_\_\_\_ " Crawl space wall height  
\_\_\_\_\_ " Egress sill height  
\_\_\_\_\_ No. bsmt. Windows  
\_\_\_\_\_ Crawl space vent openings

### ROUGH-IN FRAMING (10)

\_\_\_\_\_ Sill plate (treat.)  
\_\_\_\_\_ Wall plates  
\_\_\_\_\_ Headers  
\_\_\_\_\_ Wood girder  
\_\_\_\_\_ Steel girder  
\_\_\_\_\_ Post \_\_\_\_\_ ft. O.C.  
\_\_\_\_\_ Stud wall  
\_\_\_\_\_ Masonry  
\_\_\_\_\_ Fl. Joists \_\_\_\_\_ " O.C.  
\_\_\_\_\_ Ceil. Jsts \_\_\_\_\_ " O.C.  
\_\_\_\_\_ Rafters \_\_\_\_\_ " O.C.  
\_\_\_\_\_ Truss (diagram required)  
\_\_\_\_\_ " Floor sheathing  
\_\_\_\_\_ " Roof sheathing  
\_\_\_\_\_ " Corner brace sheath

### EXTERIOR (3)

\_\_\_\_\_ Wood  
\_\_\_\_\_ Aluminum/Vinyl  
\_\_\_\_\_ Brick  
\_\_\_\_\_ Block

### ROOFS (4)

\_\_\_\_\_ Hip  
\_\_\_\_\_ Gable  
\_\_\_\_\_ Front overhang  
\_\_\_\_\_ Other overhang  
\_\_\_\_\_ Eavestrough  
\_\_\_\_\_ Asphalt shingles  
\_\_\_\_\_ Underlayment  
\_\_\_\_\_ Vents  
\_\_\_\_\_ Other coverings

### CHIMNEY TYPE

\_\_\_\_\_ Brick  
\_\_\_\_\_ Block  
\_\_\_\_\_ Stone  
\_\_\_\_\_ Metal

### WINDOWS

\_\_\_\_\_ No. of windows  
\_\_\_\_\_ Wood sash  
\_\_\_\_\_ Metal sash  
\_\_\_\_\_ Type  
\_\_\_\_\_ Egress/bedrooms  
\_\_\_\_\_ Attic access 22"x30"

### INSULATION (9)

\_\_\_\_\_ " Fiberglass  
\_\_\_\_\_ "Cellulose  
\_\_\_\_\_ "Blown in fb. glass  
\_\_\_\_\_ "Foam  
\_\_\_\_\_ Other  
\_\_\_\_\_ "Rigid poly ure.  
\_\_\_\_\_ " Rigid styro  
\_\_\_\_\_ " Insulation sheath  
\_\_\_\_\_ Wind barrier  
\_\_\_\_\_ (mil) moisture barr.

### INTERIOR (13)

\_\_\_\_\_ Foyer  
\_\_\_\_\_ Kit. Fl.  
\_\_\_\_\_ Other fl.  
\_\_\_\_\_ Drywall  
\_\_\_\_\_ Plaster  
\_\_\_\_\_ Covered ceiling  
\_\_\_\_\_ Pnl. wainscot  
\_\_\_\_\_ 5/8" garage fire code

### BUILT-IN ITEMS (15)

\_\_\_\_\_ Oven \_\_\_\_\_ range  
\_\_\_\_\_ Disposal  
\_\_\_\_\_ Hood/fan  
\_\_\_\_\_ Dishwasher  
\_\_\_\_\_ Refrigerator  
\_\_\_\_\_ Incinerator  
\_\_\_\_\_ Vanities  
\_\_\_\_\_ ' Cupboard length

**Contractor will stake 2 adjacent lot lines for  
first inspection. Sketch diagram on back.**

## Permits eventually required for this project:

### Electrical Permit

\_\_\_\_ yes \_\_\_\_ no

### Plumbing Permit

\_\_\_\_ yes \_\_\_\_ no

### Mechanical Permit

\_\_\_\_ yes \_\_\_\_ no

**COST OF PERMIT \$ \_\_\_\_\_**

**Building Department**

**By: \_\_\_\_\_**

**Make checks payable to:**

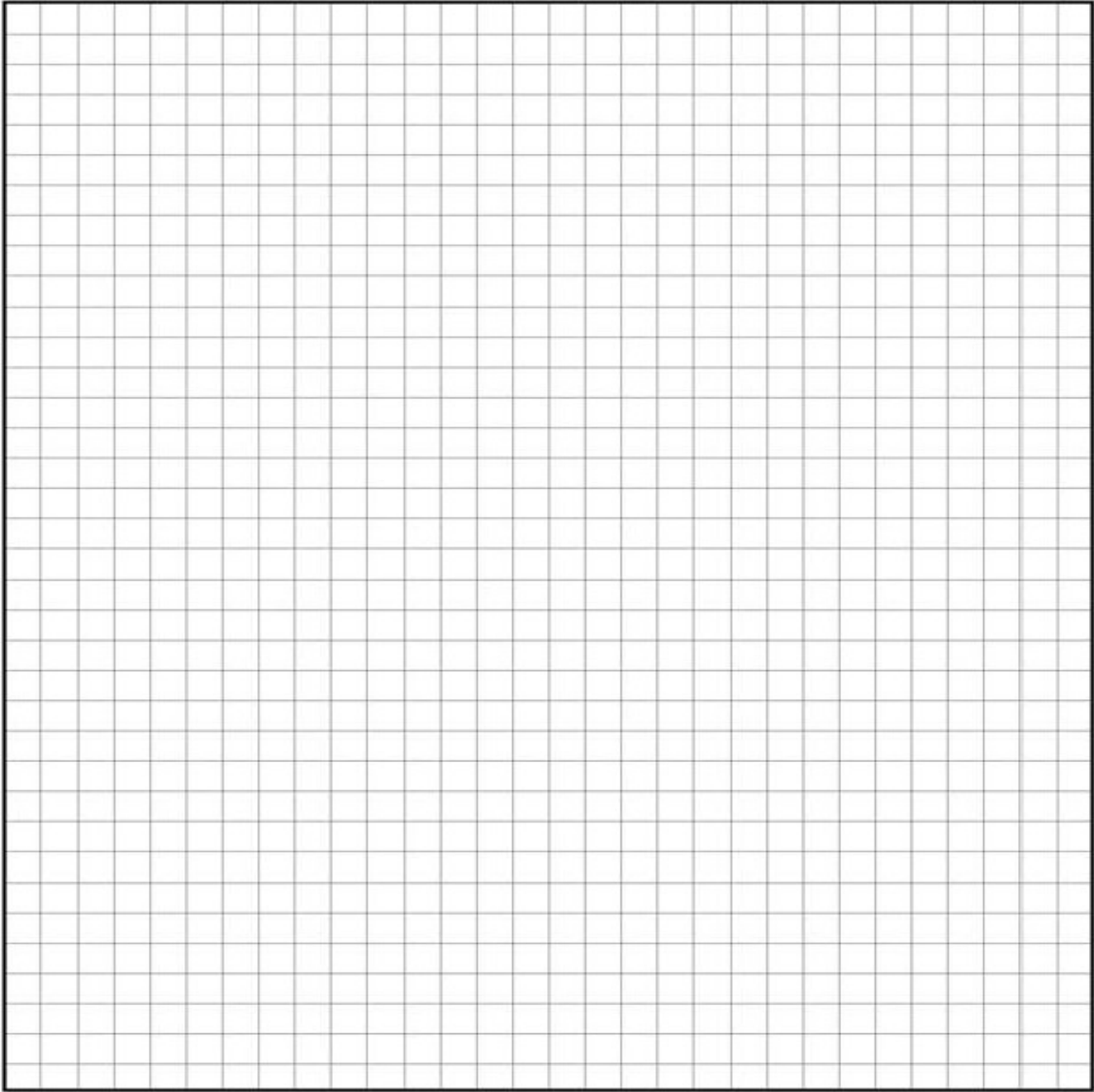
**CITY OF LESLIE**

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE. READ AND SIGN AFFIDAVIT.

LOT DIAGRAM

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax ID: \_\_\_\_\_

- 1) Draw lot lines in feet
- 2) Label street
- 3) Draw existing structures
- 4) Draw proposed construction
- 5) Show dimensions of all buildings
- 6) Show distance from all sides of buildings to sidelines
- 7) Draw lakes, streams, and wet lands within 500 feet
- 8) Contractor/owner will stake 2 adjacent lot lines



Engineer/Architect: _____ Phone (____) _____				
Address: _____				
<b>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</b>				
Name			Phone	
Address		City		State Zip
Federal ID No. or Social Security No.			MESC Employer No.	
License No.	Expiration Date		Worker's Disability Compensation Carrier	
If exempt from any of the above, explain here:    				
<b>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.</b>				

**HOME OWNER'S AFFIDAVIT and SIGNATURE**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ 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 authorized agent.

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

## PERMIT APPLICATION CHECKLIST

(Return with Application)

Permit application for \_\_\_\_\_  
(job address)

Owner's Name \_\_\_\_\_

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

Before a permit may be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicated by checkmark that each item has been enclosed with the application.

- \_\_\_\_\_ 1. LOT DIAGRAM on back of first page of the application. (Required for ALL applications - NEW HOMES, ADDITIONS, INTERIOR REMODEL, GARAGES AND ACCESSORY BUILDINGS & STRUCTURES)
- \_\_\_\_\_ 2. BLUE PRINTS or DRAWINGS - wall section, foundation plan, and floor plan required on all applications. Three (3) sets complete sets are required with permit application.
- \_\_\_\_\_ 3. MICHIGAN UNIFORM ENERGY CODE COMPLIANCE - for all site-built, new residences, documentation must be provided demonstrating compliance with the energy code.
- \_\_\_\_\_ 4. PROOF OF OWNERSHIP - Provide copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...
- \_\_\_\_\_ 5. PROPERTY TAX ID NUMBER
- \_\_\_\_\_ 6. SANITATION & WATER SUPPLY PERMITS - County Environmental Health Dept. (517) 887-4312
- \_\_\_\_\_ 7. DRIVEWAY/SIDEWALK PERMIT - City Hall for city street (517) 589-8236 or County Road Commission for county roads (517) 676-2200
- \_\_\_\_\_ 8. Is the structure within 500 feet of water (lake river, county drain)? \_\_\_\_\_YES \_\_\_\_\_NO  
If YES, a SOIL EROSION PERMIT IS REQUIRED. *County Drain Commission (517) 676-8395.*
- \_\_\_\_\_ 9. Is property located in wetlands or floodplain? \_\_\_\_\_YES \_\_\_\_\_NO  
No building permit may be issued if in a flood plain without EGLE approval (517) 373-1170.
- \_\_\_\_\_ 10. OTHER PERMITS EVENTUALLY NECESSARY: \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Sign Applicant or licensed contractor must submit separate application forms and fees for these permits prior to commencing work on that portion of the project.

### RESPONSIBILITIES OF APPLICANTS

It is the legal responsibility of the applicant to call for all required inspections or 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 plumbing, electrical, mechanical or building permits.

CITY OF LESLIE Building Department office hours are 9:00 am - 12:30 pm and 1:30 pm - 4:00 pm, Monday through Friday. Please call in all inspection requests at 800-627-2801 before 3:00 pm one day before the inspection is needed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(applicant signature)

\*see reverse side for additional information

Blue prints and drawings must contain sufficient detail to perform a plan review for conformance with the State Building Code. Include wall section/cross-section drawing showing material dimensions and specifications from footing to rafters, as well as floor plan indicating all room dimensions, window, door and stair openings. All structures containing pre-manufactured members (roof trusses, floor trusses, etc.) require sealed diagram from the manufacturer, forward to our office at time of delivery.

**NO PERMIT IS REQUIRED FOR:**

**RESHINGLING** - provided two layers or less, no roof boards or rafters are being replaced, and no change in shape.

**RESIDING** - no physical change other than the siding.

**WINDOW REPLACEMENT** - same size not requiring new headers.

**SHEDS** - 200 sq. ft. or smaller do not require a building permit, but **DO REQUIRE ZONING APPROVAL**.

Please call should you require further assistance in completing this application

**\*Please provide description of improvements (i.e., new home, garage, porch or deck, demolition or addition).**

**\*Please provide the estimated cost of the project.**

\$ \_\_\_\_\_

**BUILDING DEPARTMENT**  
ENERGY CODE COMPLIANCE FORM  
PRESCRIPTIVE METHOD

Building Component Minimum Required Insulation R Value (R21  
(Walls: Top of wall to top of foundation, including rim joist)

Window and Door Area (Fenestration openings)

Calculate % of windows and doors compared to total area:

Total wall area (top of wall to finish grade) = \_\_\_\_\_ sq. ft.

Total window and door area = \_\_\_\_\_ sq. ft.

Window and door area divided by wall area = \_\_\_\_\_ %

For 0% to 15% use

R2.85 windows

Over 15% verify compliance per Chapter 4 & 5 of the International Energy Conservation Code.

Roof/Ceiling Insulation

R49 insulation in roof/ceiling areas

Floors over unconditioned spaces with 25% or less exposed directly to outside air:

Use R21 insulation

Floors over unconditioned spaces with over 25% exposed directly to outside air:

Use R49 insulation

Basement walls:

Basement walls with conditioned space: Use R10 on top of wall to basement floor

Basements without conditioned space: Use R10 on top of wall to basement floor

Basement walls from top of wall to basement floor OR insulate floor over unconditioned basement: Use R21

Slab on grade floor (walkout basement floors) and its supporting foundation:

No heat apparatus in floor slab: Use R11 insulation

Heat apparatus in floor slab: Use R13 insulation

Crawl space: Use R20 for wall insulation or use R21 for floor over unconditioned space.

Job address: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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

**THIS FORM SHALL BE COMPLETED BEFORE PERMIT APPROVAL IS GIVEN IF USING THE PRESCRIPTIVE METHOD OF MUEC COMPLIANCE .** If not using the prescriptive method of compliance, provide documentation of meeting requirements of the US PA Energy Star House program or meeting the requirements of the Home Energy Rating System (HERS) with a score of 83 or better, **OR** provide a "systems analysis report" per N1105.1.

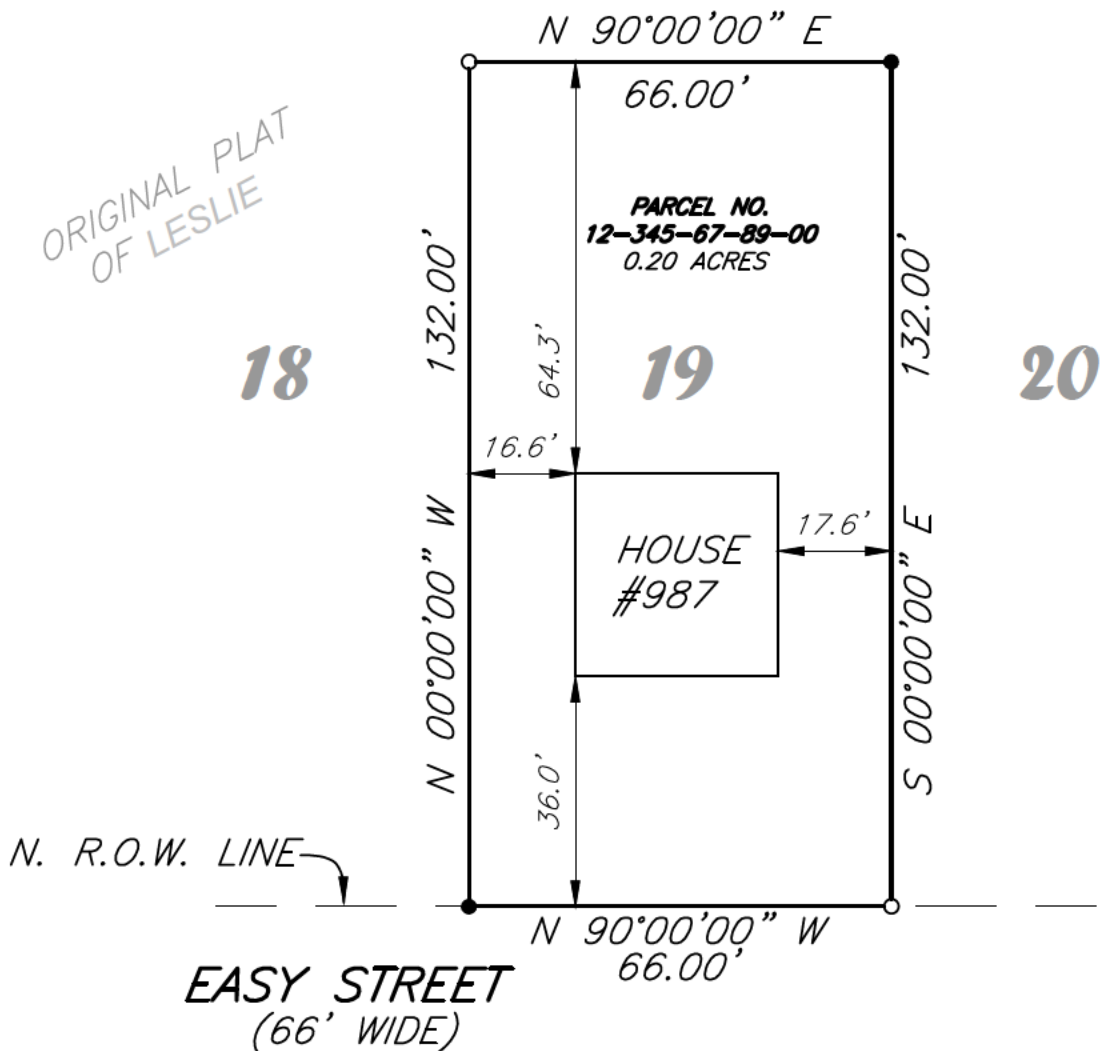
CERTIFICATE OF SURVEY



LEGEND

- SECTION CORNER
- SET IRON
- FOUND IRON

BASIS OF BEARING: STATE PLANE  
COORDINATES, MI SOUTH ZONE 2113, NAD83



LEGAL DESCRIPTION

LOT 19, ORIGINAL PLAT OF LESLIE, AS RECORDED IN LIBER 1 OF PLATS, PAGE 235, INGHAM COUNTY RECORDS.

CERTIFICATION STATEMENT

I, PROFESSIONAL SURVEYOR #12345, CERTIFY THAT THIS SURVEY WAS MADE UNDER MY DIRECTION, THAT ALL CORNERS HAVE BEEN MARKED AS SHOWN, THAT THE RATIO OF CLOSURE OF THE UNADJUSTED FIELD OBSERVATIONS WAS 1:5000 OR BETTER, AND THAT ALL THE REQUIREMENTS OF PUBLIC ACT 132, AS AMENDED, HAVE BEEN COMPLIED WITH.



Professional Surveyor's Signature

2-28-20  
DATE



GENERIC  
Land Surveyors, Inc.  
1234 Five St.  
Anytown, Michigan 48854  
Ph: 123-456-7890  
Fx: 123-456-7891  
<http://www.generic.com>

PART OF THE ORIGINAL PLAT OF  
LESLIE, SECTION 8, T2N-R1W,  
CITY OF LESLIE,  
INGHAM COUNTY, MICHIGAN

Scale: 1"=30'	Date: 2-28-20	SHT 1 OF 1
Drawn: ABC	Checked: PSS	Job: 2020-45

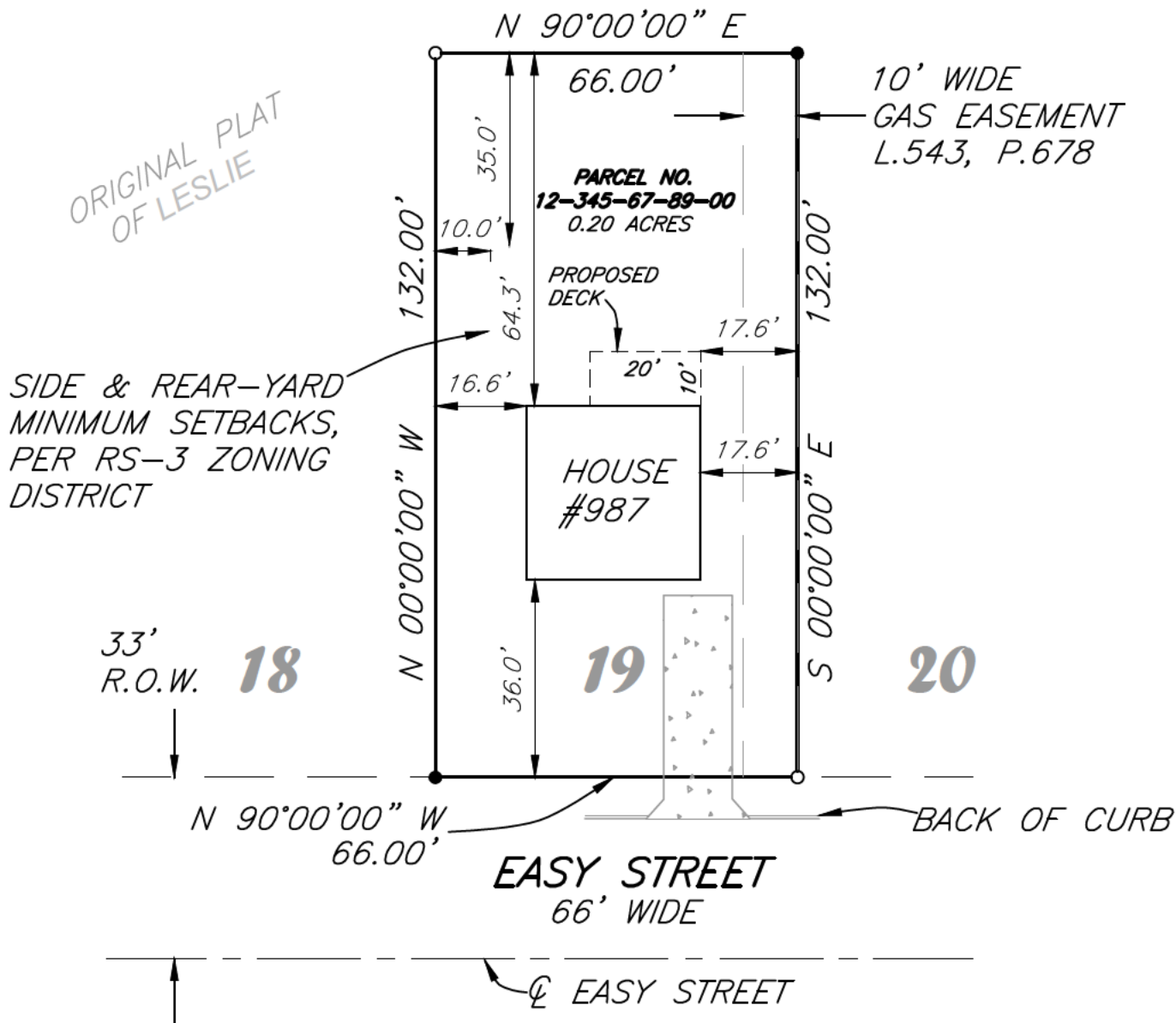
# SITE PLAN



## LEGEND

- SECTION CORNER
- SET IRON
- FOUND IRON

BASIS OF BEARING: STATE PLANE  
COORDINATES, MI SOUTH ZONE 2113, NAD83



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