

SHED INSTALLATION CHECKLIST

PERMIT APPLICATION CHECKLIST

(Return with **Zoning Permit** Application)

(If applicable, shed greater than 200sq ft in size, Return with **Accessory Building Permit** Application)

Permit application for: _____
(Job Address)

Owner's Name: _____

Contractor's Name: _____

Before any zoning approval may be granted, all of the following documentation must be submitted with an application to install the shed. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- _____ 1. BUILDING PERMIT APPLICATION (accessory, if applicable) including the following:
 - A. length, height & width to be installed.
 - B. signature of applicant (owner or contractor).
- _____ 2. LOT DIAGRAM or PLOT PLAN on page two of application form. The drawing must include all items listed on the form, and must show where the shed is to be placed on the owner's property, and its relationship to buildings and lot lines.
- _____ 3. TYPE: Indicate type of shed to be placed.
- _____ 4. PROOF OF OWNERSHIP (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment.)
- _____ 5. PROPERTY TAX I.D. NUMBER FOR PROPERTY INVOLVED.

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Installation of the shed should not proceed until you have first received the zoning approval permit.

Signed: _____ Date: _____

PLANNING DEPARTMENT

OFFICE HOURS: 8:00am to 5:00pm, Monday - Friday

TELEPHONE: 517-641-5166

BUILDING DEPARTMENT

OFFICE HOURS: 1:00pm to 5:00pm, Monday - Friday & All Day Wednesday.

TELEPHONE: 517-641-4238

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.



Zoning (Land Use) Permit Application

ZONING FEE: \$50

Planning and Zoning Department
14480 Webster Road, P.O. Box 247, Bath, MI 48808
Phone (517) 641-5166 Fax: (517) 641-4170
www.bathtownship.us

Property Owner: _____ Phone: _____ Cell: _____

Address: _____ Email: _____

Project Address: _____ Subdivision: _____

Parcel ID Number: 19-010- _____ Zoning District: _____

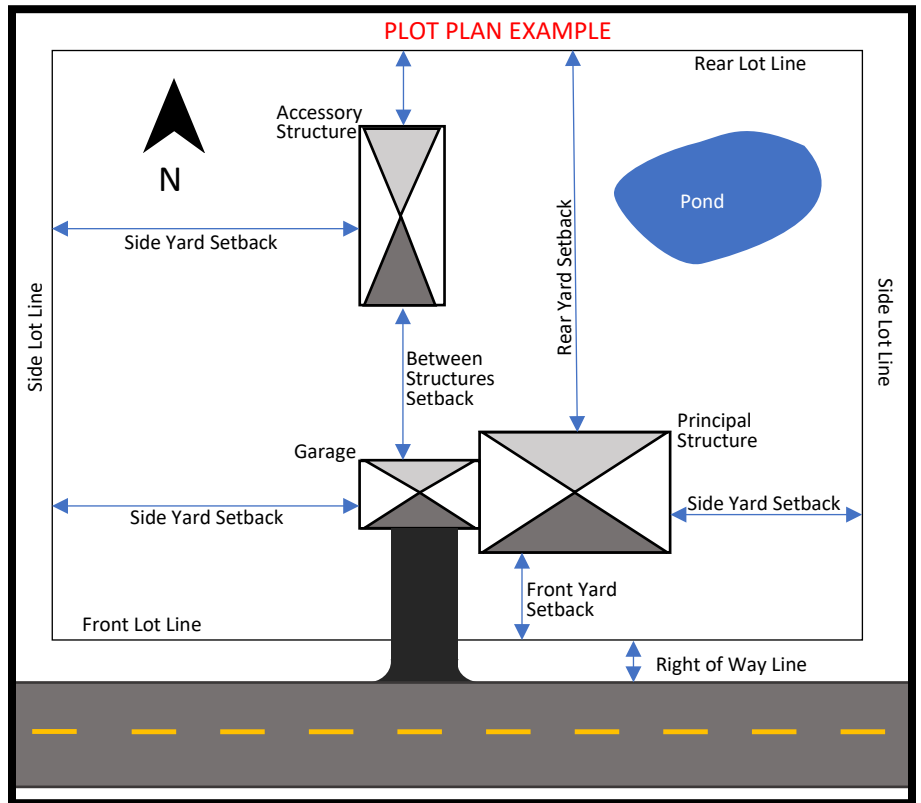
Site is N S E W, of intersection: _____

Intended Use of Land / Structure: _____

A PLOT PLAN SHALL ACCOMPANY THIS APPLICATION

Plot Plan shall show all of the following:

1. Lot Dimensions in feet
2. Label adjacent roads (public and private)
3. Location and sizes of all existing and proposed structures
4. Front, rear and side yard distances from structures to the lot lines (front yard is measured from road right of way line)
5. Distance between structures
6. Driveways (distance from lot line)
7. Any lakes, ponds, waterways or wetlands within 500 feet.
8. Utility Lines
9. Easements (existing and proposed)
10. North Indicator



Applicant / Agent Name (PRINT): _____ Email: _____

Phone: _____ Cell: _____

Agents Address: _____

Applicant / Agent Signature: _____ Date: _____

Officials Approval: _____ Date: _____

THE OWNER OF THIS LAND AND UNDERSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL APPLICABLE LAWS AND THE ZONING ORDINANCE OF BATH CHARTER TOWNSHIP PERTAINING TO LAND USE, AND TO CONSTRUCT THE PROPOSED STRUCTURE OR MAKE THE PROPOSED CHANGE OR ALTERATION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith, AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION ARE TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT. BY SIGNING THIS DOCUMENT, YOU ALSO AGREE TO COOPERATE WITH THE ZONING AND BUILDING STAFF, AND ALLOW ACCESS TO ALL PROPERTIES AND STRUCTURES MENTIONED ABOVE.



Zoning (Land Use) Permit Application

Planning and Zoning Department

PLOT PLAN DIAGRAM

See first page for plot plan example

ACCESSORY BUILDING PERMIT

Date ____/____/____
BATH TOWNSHIP

Permit # _____
Accessory/detached structures and demolition

Bath Township Building and Zoning
 PO Box 247, (14480 Webster Rd)
 Bath, MI 48808
 Phone: 517-641-4238
 Fax: 517-641-4170

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: () _____ Cell: () _____

Address: _____ E-mail address _____

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Building Height _____

Type of Construction _____

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

- | | |
|---|---|
| <input type="checkbox"/> Sq. ft. shed
<input type="checkbox"/> Sq. ft. pole building
<input type="checkbox"/> Sq. ft. porch on pole building
<input type="checkbox"/> Sq. ft. pool
<input type="checkbox"/> Sq. ft. deck for pool
<input type="checkbox"/> Sq. ft. unattached frame garage
<input type="checkbox"/> Sq. ft. storage building & foundation
<input type="checkbox"/> Sq. ft. demolition
<input type="checkbox"/> Lineal ft. fence
<input type="checkbox"/> _____ Type of fence
<input type="checkbox"/> _____ Height of fence
<input type="checkbox"/> Other
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <input type="checkbox"/> cement slab & thickened edge
<input type="checkbox"/> cement slab (3 1/2" - 4")
<input type="checkbox"/> rafters _____" O.C.
<input type="checkbox"/> trusses _____" O.C.
<input type="checkbox"/> metal roof
<input type="checkbox"/> asphalt shingles
<input type="checkbox"/> metal exterior
<input type="checkbox"/> aluminum/vinyl exterior
<input type="checkbox"/> brick exterior
<input type="checkbox"/> block exterior
<input type="checkbox"/> wood exterior
<input type="checkbox"/> Number of windows
<input type="checkbox"/> Number of garage doors |
|---|---|

Office Use Only

Zoning District _____
 Use Group _____
 Type of Construction _____
 Permit Determinant _____

COST OF PERMIT: \$ _____

By: _____
 Building Official

Make checks payable to: **BATH Township**

Contractor		Phone	Fax
Fax		Cell	
Address		City & State	Zip Code
Federal D No/Social Security No.		MESC Employer No.	
License No.	Expiration Date	Worker's Disability Compensation Carrier	
EMAIL			
If exempt from any of the above, explain here:			

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.

HOMEOWNER'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'S/CONTRACTORS 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: _____

COMPLETE INFORMATION ON SECOND PAGE