



Columbia Charter Township  
Jackson County, Michigan  
8500 Jefferson Road  
Brooklyn, MI 49230

Phone: (517) 592-2000  
Fax: (517) 592-8115  
[www.twp.columbia.mi.us](http://www.twp.columbia.mi.us)

Office Hours:  
Mon. - Thurs.: 7:30am - 5:00pm. Closed: Fri. Sat. & Sun.

PERMIT NUMBER: PB \_\_\_\_\_  
COST OF CONSTRUCTION: \$ \_\_\_\_\_

# BUILDING PERMIT APPLICATION

APPLICANT MUST COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, V, VI, AND VII.

Please Note: Separate applications must be made to the appropriate division for Electrical, Mechanical, and Plumbing, & Sewer work.

*Private Deed Restrictions applicable to this property are not enforced by the Township,  
it shall be the responsibility of the property owner to follow those.*

## I. PROJECT LOCATION:

**Project Address:** \_\_\_\_\_

**Parcel Number (Tax ID):** 000- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

## II. IDENTIFICATION:

### **Owner Information (or lessee):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Architect or Engineer:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Contractor:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Builders License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Employer ID Number or Reason for Exemption: \_\_\_\_\_

Workers Compensation Insurance Carrier or Reason for Exemption: \_\_\_\_\_

MESC Employer Number or Reason for Exemption: \_\_\_\_\_

## III. TYPE OF IMPROVEMENT AND PLAN REVIEW:

### **Type of Improvement:**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> New Building    | <input type="checkbox"/> Addition   | <input type="checkbox"/> Alteration         |
| <input type="checkbox"/> Repair          | <input type="checkbox"/> Demo       | <input type="checkbox"/> Mobile Home Set-up |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Relocation | <input type="checkbox"/> Premanufacture     |

**PLEASE ALLOW A MINIMUM OF 14 DAYS TO PROCESS THIS APPLICATION**

**Project Description (Include size of structures and proposed uses):**

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**IV. PROPOSED USE OF STRUCTURE:**

**Residential: (for 'demolition,' indicate current or most recent use):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single-Family                      | <input type="checkbox"/> Two-Family      | <input type="checkbox"/> Multi-Family<br>No. of units: _____ |
| <input type="checkbox"/> Hotel/Motel<br>No. of units: _____ | <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage / Barn              |
| <input type="checkbox"/> Finished Basement                  | <input type="checkbox"/> Pool            | <input type="checkbox"/> Deck                                |
| <input type="checkbox"/> Other: _____                       |  |  |

**Non-Residential (for 'demolition,' indicate current or most recent use):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Store, Retail, Mercantile | <input type="checkbox"/> Office, Bank, Professional   | <input type="checkbox"/> Industrial        |
| <input type="checkbox"/> Amusement                 | <input type="checkbox"/> School, Library, Educational | <input type="checkbox"/> Church, Religious |
| <input type="checkbox"/> Vehicle Service Station   | <input type="checkbox"/> Public Utility               | <input type="checkbox"/> Tanks, Towers     |
| <input type="checkbox"/> Storage Facility          | <input type="checkbox"/> Hospital, Institutional      | <input type="checkbox"/> Other: _____      |

**V. CHARACTERISTICS OF BUILDING:**

**Principle Type of Frame:**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Masonry, Wall Bearing | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structured Steel |
| <input type="checkbox"/> Reinforced Concrete   |                                     |   |
| <input type="checkbox"/> Other: _____          |                                     |   |

**Principle Type of Heating Fuel:**

- |                                       |                                      |                                  |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Gas          | <input type="checkbox"/> Electricity | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Wood         | <input type="checkbox"/> Oil         | <input type="checkbox"/> Coal    |
| <input type="checkbox"/> Other: _____ |                                      |                                  |

**Type of Sewage Disposal:**

- |  |  |
|--|--|
| <input type="checkbox"/> Public Township Sewer | <input type="checkbox"/> Septic System |
|--|--|

**Type of Mechanical:**

- Will there be Air Conditioning?  Yes  No      Will there be an elevator?  Yes  No

**Dimensions:**

- Number of Stories: \_\_\_\_\_  
First (1<sup>st</sup>) Floor Area: \_\_\_\_\_      Second (2<sup>nd</sup>) Floor Area: \_\_\_\_\_      Third (3<sup>rd</sup>) & Above Floors: \_\_\_\_\_  
Total Floor Area (Sq. Ft.): \_\_\_\_\_

**Number of Off-Street Parking Spaces:**

- Outdoors: \_\_\_\_\_      Enclosed: \_\_\_\_\_

**VI. APPLICANT INFORMATION:**

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

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID No. \_\_\_\_\_

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.

Fee Enclosed \$ \_\_\_\_\_  
(\$90.00 is required to initiate review of this application)

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

**VII. PROPERTY OWNER'S AFFIDAVIT:**

Property owner shall sign below only if requesting permission to do their own work.

The undersigned, having made application to Columbia Charter Township for a Building Permit and having been advised as to the provisions of Public Act 299 of 1980, as amended, requiring that any persons engaging in the business of a residential builder, and so forth, shall be licenses, says that they are except from the provisions of the act by reason of: \_\_\_\_\_.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\* PLEASE ALLOW A MINIMUM OF 14 DAYS TO PROCESS THIS APPLICATION \***

**VIII. VALIDATION (For Office Use Only):**

Building Permit Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Total Permit Fee: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Authority: P.A. 230 of 1972, as amended  
Completion: Mandatory to Obtain Permit  
Penalty: Application must be completed, signed and proper fee enclosed

COLUMBIA CHARTER TOWNSHIP WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.



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## **BUILDING & ZONING PERMIT** **SUBMITTAL REQUIREMENTS CHECKLIST**

Along with the Building/Zoning Permit Application(s) Please submit two (2) sets of plans with the information required below, drawn clearly & legibly.

1.  **BUILDING PERMIT APPLICATION COMPLETED.**
2.  **ZONING COMPLIANCE PERMIT APPLICATION COMPLETED (If required).**
3.  **PROOF OF OWNERSHIP (Warranty Deed/Land Contract-new owner).**
4.  **HOMEOWNER AFFIDAVIT – If work being done by homeowner.**
5.  **SEPTIC or SEWER – Please provide a copy of the septic permit from the Jackson County Health Department if a new Septic will be installed. If connecting, moving or abandoning Township Sewer, please contact the appropriate person for required applications. If the new structure is within 300 feet of the public sewer, you will be required to connect to the township sewer system.**
6.  **WELL – If a new well is being installed please provide a copy of the well permit from the Jackson County Health Department.**
7.  **DRIVEWAY – New driveways on all public roads require a permit from the Jackson County Department of Transportation. (not required on private roads). Provide a copy of the driveway permit.**
8.  **SOIL EROSION PERMIT – Most construction within 500 feet of a lake/stream/conduit or involving 1 acre or more of land will require a SESC Permit, approved by the Jackson County Department of Transportation.**
9.  **SITE PLAN:**  
(Required for all projects which require a Zoning Permit)
  - North Arrow.
  - All property lines and dimensions.
  - All required setbacks.
  - All public and private roads, street names, rights-of-way, and on-site easements.
  - Footprint of all existing and proposed buildings and structures with dimensions.
  - Existing and proposed fences and retaining walls.
  - Existing and proposed sanitary sewers, septic systems, and wells.
  - All driveways and other impervious surfaces.
  - All water bodies, floodplains, and wetlands.
  - Property boundaries and project staked on-site prior to issuing a permit and during construction.

### **10. BUILDING / CONSTRUCTION PLANS:**

#### **(Required for all new structures and additions)**

One set of construction plans will be kept on permanent file by the Columbia Township Building Department. The second set of plans will be returned with the building permit and must be on site.

- All proposed exterior elevations showing existing and proposed exterior walls, roof, architectural features, doors, windows, chimneys, etc.
- Include full exterior dimensions of structure (height and width of structure on all sides).
- Building cross section plans indicating building height and eave height to the proposed or existing grade. Show specifications and energy code and basement or crawl space construction.
- Rescue or Egress windows in basement: Must have a minimum clear opening of 5.7 sq. ft. The minimum net opening shall be 24" and the minimum net clearing
- Foundation Plan (with dimensions).
- All proposed usable floor level area (including basements, attics, detached accessory structures, etc.).
- All areas to be demolished with proposed walls and existing walls indicated.
- All proposed rooms clearly identified and labeled for each floor level.
- All proposed decks, balconies, porches, garages, etc.
- Scale of Plans: ¼" to 1'
- Attached Garage: Shall be constructed the same as the house with treated bottom plate.

Important Contacts:

Jackson County Department of Transportation	Jackson County Health Department
2400 Elm Road	1715 Lansing Ave. Ste. 221
Jackson, MI 49221	Jackson, MI 49202
(517)-788-4230	(517)-788-4420

**Address Assignment:**

If the property you are applying for a permit on does not have an address yet, a new address will be created upon issuance of a Building permit.

**Electrical & Gas Service Connection:**

It is advisable to make application to the appropriate companies for electrical and gas service at the time the building permit is filed. Consumers Energy Request Center telephone number is: (800)-477-5050.

**After the Permit is Issued:**

Post the permit so that it is visible from the road and the inspections can be noted. The inspections are not completed until the card is signed by the inspector(s). For all inspections, please call the appropriate inspector directly. The inspector's phone numbers can be found on the permit which you received from the township.

**Extra Inspections:**

The Building, Electrical, Mechanical, and Plumbing Permit fees cover the permit cost and necessary inspections. Any permit which has scheduled inspections which have failed, will incur an additional inspection fee to cover cost of the inspector visiting the project site. Permits are issued for one (1) year. Upon expiration of a permit, if the work is not yet complete, please contact the Township Office to pay for an additional inspection to renew the permit. Renewal permits are issued for up to six (6) months.

**Sewer:**

If you are in the sanitary sewer district in Columbia Charter Township, please remember there is a 20-foot-wide permanent easement, centered on the grinder pumps, sewer lead and electrical lines of your house. Please keep this Easement clear! You are NOT to construct, build or place any items in this easement, including decks, landscaping, boulders, concrete, rocks, or other permanent immovable items. Doing so is strictly prohibited and you will be penalized for actions if there is a sewer emergency.

**Michigan Building Code (ICC):**

Action of Application: The Building Official Shall examine or cause to be examined all applications for permits and amendments thereto within a reasonable time after filing. If the application or the plans DO NOT conform to the requirements of all pertinent laws, the application shall be rejected, provided in writing stating the reasons for rejection. If the reviewer is satisfied that the proposed work conforms to the requirements of the Basic Code and all laws and ordinances applicable thereto, a permit shall be issued.

**Lake Columbia Property Association (LCPOA):**

If the project is within the Lake Columbia Property Owners Association, please be aware of their deed restrictions. Private deed restrictions are not enforced by the Township, it shall be the responsibility of the property owner to follow those.

**Certificate of Occupancy:**

(for new construction)

Before Columbia Charter Township can issue a Certificate of Occupancy the following must be completed:

- Electrical, Mechanical & Plumbing permits associated with the Building permit must pass final inspections.
- All fees paid. Including: Inspections, Permits, Review, etc.
- Health Department Well & Septic Certificate of Approval.
- Soil Erosion, if necessary.
- Start-up for Sewer Completed by Columbia Charter Twp. if applicable – Date: \_\_\_\_\_
- Certificate of Occupancy Issued: Builder \_\_\_\_\_ or Homeowner \_\_\_\_\_
- Manufactured/Modular Homes: Serial # \_\_\_\_\_ and/or Model # \_\_\_\_\_
- Homestead Exemption Form.



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## ZONING PERMIT APPLICATION

**Important Notice to Applicants:** This application must be completed in full and submitted to the Zoning Administrator for review. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Zoning Permit and/or Building Permit, is a violation of the Columbia Charter Township Zoning Ordinance.

**Project Address:** \_\_\_\_\_

**Parcel Number (Tax ID):** 000-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . **Zoning District:** \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Project Description:**

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

**Dimensions – (Proposed Structures):**

Total Square Feet: \_\_\_\_\_ Fence: \_\_\_\_\_ (total linear feet)

**Setbacks – (Distance from Lot Lines):**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side L: \_\_\_\_\_ Side R: \_\_\_\_\_

**Applicant Certification:** I/we hereby certify that all structures and uses for which this application is made shall conform to the Ordinances of Columbia Charter Township, Jackson County, and the State of Michigan. All information submitted for this permit is to my/our knowledge accurate. If the information is determined either now or in the future to be inaccurate the permit shall be void and any structures built or uses approved may be in violation of the required ordinances and must otherwise be brought into compliance with all regulations. I/we agree to permit officials of Columbia Charter Township, the County and the State of Michigan to enter the property subject to this permit application for purposes of inspection, with reasonable notification. I/we understand this is a zoning permit application and not a zoning or building permit. I/we understand that a building permit must/may be acquired according to the State Construction Code. I/we understand that a zoning permit conveys only land use rights and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights. The accuracy of the lot lines, dimensions and other information presented in the project plans are the sole responsibility of the property owner and in NO way does the Zoning Inspector signature on the permit guarantee the accuracy of the information provided by the applicant for this permit.

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

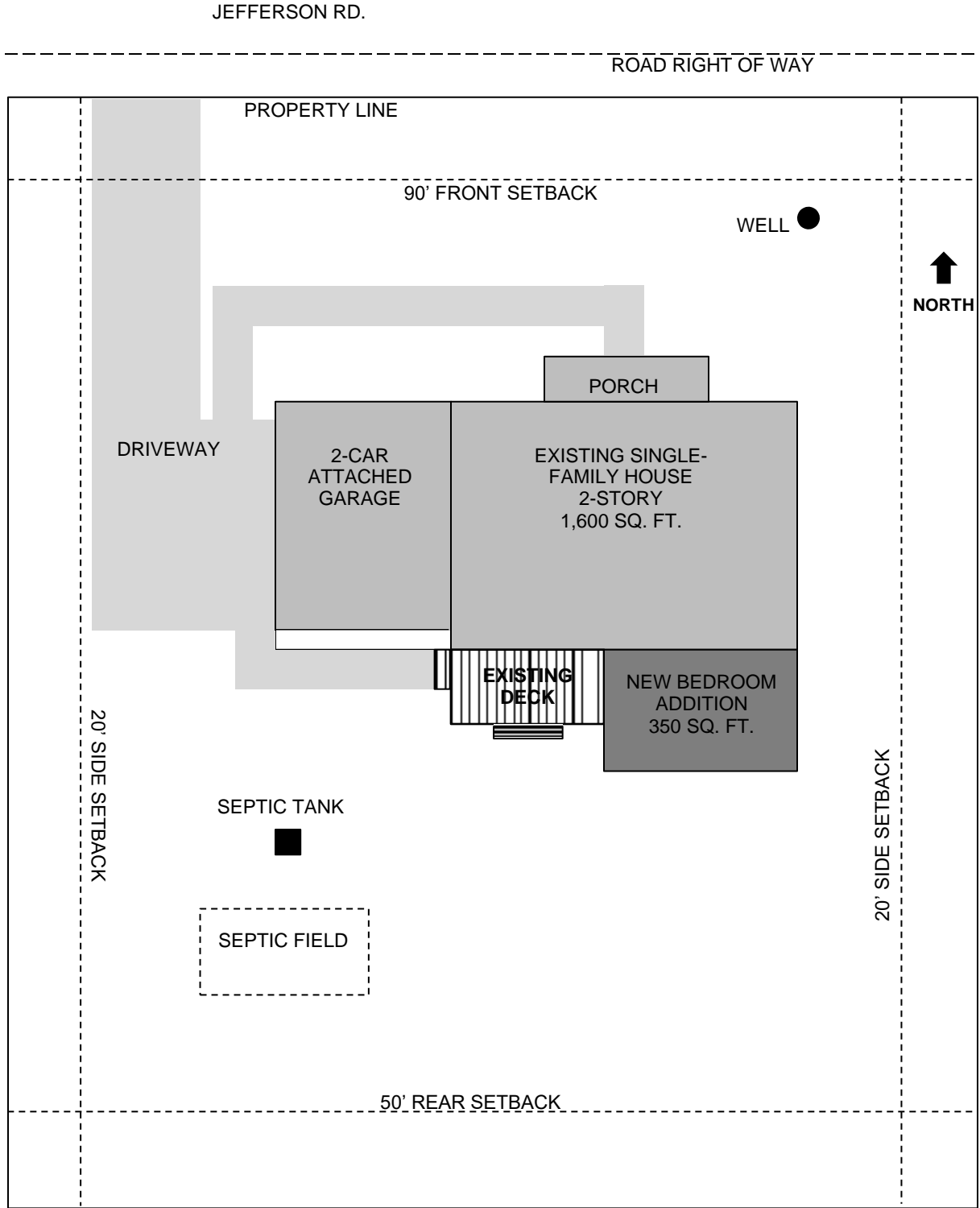
Applicant Signature(s)      Date

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

Property Owner(s) Signature      Date  
(if different than applicant)

# Sample Site Plan

\* Show all existing and proposed structures, well, septic tanks or sewer system, roads, easements, and property lines. Site plan must be drawn to scale and noted. \*



**Property Sketch:**

*Please show the size and location of the new construction and all existing structures on the site with distances from lot lines. Do not include road Right of Ways in your measurement. Please indicate the distance each box represents (ie: 1 box = 5 feet).*

