

LEROY TOWNSHIP BUILDING DEPARTMENT
TIMOTHY S. O'NEIL – BUILDING INSPECTOR
1685 N. M-52
WEBBERVILLE, MI 48892
(517) 521-3729

ACCESSORY BUILDING PERMIT

CALL (517) 521-4929 FOR INSPECTIONS
PLEASE ALLOW AT LEAST 24 HOURS NOTICE FOR INSPECTIONS

ACCESSORY BUILDING PERMIT REQUIREMENTS:
(ALL REQUIREMENTS MUST BE SUBMITTED PRIOR TO REVIEW)

- 1) APPLICATION FOR LAND USE (ZONING APPLICATION)
- 2) COMPLETED BUILDING PERMIT APPLICATION
- 3) TWO (2) COMPLETE FULL SIZE SETS OF BUILDING PLANS:
SHOW CROSS SECTION
- 4) TWO (2) COMPLETE SETS OF SITE PLAN:
SHOW ALL PROPERTY LINE SETBACKS
INCLUDE LOCATION OF WELL-SEPTIC TANK AND FIELD
- 5) SOIL EROSION PERMIT OR WAIVER:
INGHAM COUNTY DRAIN COMMISSION
707 BUHL ST., MASON, MI 48854
(517) 676-8395

ACCESSORY BUILDING INSPECTION PROCEDURES:

- 1) STAKE OUR SETBACKS AND CONTACT BUILDING INSPECTOR
- 2) FOOTING INSPECTION ON HOLES WHEN DUG AND BEFORE
CONCRETE IS POURED
- 3) ROUGH INSPECTION IS REQUIRED
ROUGH INSPECTION IS REQUIRED BEFORE SIDING IS APPLIED TO VERIFY ALL
FASTENERS IN TREATED WOOD
- 4) FINAL INSPECTION WHEN PROJECT IS COMPLETE

NO SITE WORK IS TO BE DONE PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT

ACCESSORY BUILDING PERMIT FEE FOR UNDER 200 SQUARE FEET: \$210.00
ACCESSORY BUILDING PERMIT FEE FOR OVER 200 SQUARE FEET: \$275.00

LERROY TOWNSHIP
1685 N. M-52
WEBBERVILLE, MI 48892
PHONE: 517-521-3729
FAX: 517-521-4665

DATE _____

APPLICATION FOR LAND USE

Name of Applicant: _____ Phone: _____

Cell: _____

Fax: _____

Address: _____

Name of Lot Owner (if different): _____ Address: _____

Address of Premises: _____

Application is hereby made to: (Description of intended use or activity) _____

On premises located on the _____ side of _____
N,S,E,W Street

_____ feet _____ of the intersection of _____ and _____
N,S,E,W Street Street

DESCRIPTION

1) Size of Building or Structure: Width _____ Feet Depth _____ Feet 2) Foundation type: _____
Height _____ Stories Height _____ Feet

3) Character of Construction: _____ 4) Approximate cost of work: \$ _____

5) Garage: _____

6) Size of Lot: _____ feet wide _____ feet deep Area _____ square feet

7) Parking space dimensions: _____

8) Location on Property(set backs) Proposed Yards:

Front _____ ft. from Property Line to Building or Structure

Side _____ ft. from Property Line to Building or Structure

Side _____ ft. from Property Line to Building or Structure

Rear _____ ft. from Property Line to Building or Structure

9) Use of Proposed Building or Structure:

_____ No. of Apartments _____ No. of Employees _____
(Residence, Grocery, etc.)

_____ No. of Customers _____ No. of other Users _____

_____ No. of Sleeping Rooms _____ No. of Occupants _____

10) Use or Occupancy of Existing Buildings or Structures on Lot:

Present use _____ No. of Apartments _____ No. of Employees _____
(Residence, Grocery, etc.)

_____ No. of Customers _____ No. of other Users _____

_____ No. of Sleeping Rooms _____ No. of Occupants _____

Proposed use _____ No. of Apartments _____ No. of Employees _____
(Residence, Grocery, etc.)

_____ No. of Customers _____ No. of other Users _____

_____ No. of Sleeping Rooms _____ No. of Occupants _____

11) Use or Occupancy of Land: Present _____ Proposed _____

12) Two (2) copies of a site layout or plot plan must be submitted with this application showing where applicable the following:

- The location, shape, area and dimension of the lot
- The location, dimensions, height and bulk of the existing and/or proposed structures to be erected, altered, or moved on the lot
- The intended use(s)
- The proposed number of sleeping rooms, dwelling units, occupants, employees, customers and other users
- The yard, open space, and parking space dimensions
- Show Utility wires on property
- Any other information deemed necessary by the Zoning Administrator to determine and provide for the enforcement of this Ordinance.

Signature of Applicant

Building Permit Application
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Building Division
P.O. Box 30255, Lansing, MI 48909
Phone: 517-241-9317 / E-Mail: bccbidg2@michigan.gov

120

B 2015 B

www.michigan.gov/bcc

Authority: 1972 PA 230	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

Project or Facility Information

PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			
BETWEEN		AND	

Applicant

NAME		E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE
		TELEPHONE NUMBER (Include Area Code)	

Owner or Lessee

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Signature

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/HER 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, 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 OWNER (Required)	TYPE OR PRINT
SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT
BUILDING PERMIT FEE ENCLOSED (The first \$100.00 of an application is non-refundable)	
\$ _____ (Includes \$50.00 Certificate of Occupancy Fee)	OR STATE ACCOUNT NUMBER _____

Validation - For Department Use Only

VALIDATION AREA

USE GROUP _____
TYPE OF CONSTRUCTION _____
SQUARE FEET _____
APPLICATION FEE (non-refundable) \$ _____
CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
NUMBER OF INSPECTIONS _____ \$ _____
TOTAL PERMIT FEE \$ _____
APPROVAL SIGNATURE _____

Architect or Engineer			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Type of Job
A. Type of Improvement
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> RELOCATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOBILE HOME SET-UP <input type="checkbox"/> PREMANUFACTURE <input type="checkbox"/> SPECIAL INSPECTION
B. Plan Review Required
<p>A set of construction documents are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.</p> <p>Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for one and two family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost.</p> <p>For buildings regulated by the Michigan Building Code, a set of construction documents must be submitted with a separate Application for Plan Examination, the appropriate fee, and approved before a building permit can be issued.</p> <p>BCC Plan Review Number _____ School Site Plan Review Number (if different) _____</p>

Plan Review Information																											
A. Residential - Buildings Regulated by the Michigan Residential Code																											
<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DETACHED GARAGE NO. OF UNITS _____ <input type="checkbox"/> TWO OR MORE FAMILY <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> OTHER _____ NO. OF UNITS _____																											
B. Buildings Regulated by the Michigan Building Code																											
<table border="0"> <tr> <td><input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)</td> <td><input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)</td> <td><input type="checkbox"/> (M) MERCANTILE</td> </tr> <tr> <td><input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)</td> <td><input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)</td> <td><input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)</td> </tr> <tr> <td><input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)</td> <td><input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)</td> <td><input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)</td> </tr> <tr> <td><input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)</td> <td><input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)</td> <td><input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)</td> </tr> <tr> <td><input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)</td> <td><input type="checkbox"/> (H-5) HIGH HAZARD (HPM)</td> <td><input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)</td> </tr> <tr> <td><input type="checkbox"/> (B) BUSINESS</td> <td><input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)</td> <td><input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)</td> </tr> <tr> <td><input type="checkbox"/> (E) EDUCATION</td> <td><input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)</td> <td><input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)</td> </tr> <tr> <td><input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)</td> <td><input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)</td> <td><input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)</td> </tr> <tr> <td><input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)</td> <td><input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)</td> <td></td> </tr> </table>	<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE	<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)	<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)	<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)	<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)	<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)	<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)	<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)	<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)	<input type="checkbox"/> (M) MERCANTILE																									
<input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)	<input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)	<input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)																									
<input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.)	<input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)	<input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)																									
<input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)	<input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE)																									
<input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)	<input type="checkbox"/> (H-5) HIGH HAZARD (HPM)	<input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)																									
<input type="checkbox"/> (B) BUSINESS	<input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)	<input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)																									
<input type="checkbox"/> (E) EDUCATION	<input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.)	<input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)																									
<input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)	<input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)	<input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)																									
<input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)																										
<p>Alteration, repairs and additions - Provide a description of the work to be covered by the building permit. As examples: 20,000 square foot school roof covering, building a 2,300 square foot school addition, replace 5 exterior doors, renovate basement in a residence. etc.</p>																											

Building Data**A. Type of Mechanical**WILL THERE BE FIRE SUPPRESSION? ☐ YES ☐ NO**B. Type of Construction**

- | | | |
|---|---|--|
| <input type="checkbox"/> 1A - Non Combustible (Protected Structural Elements) 3HR | <input type="checkbox"/> 1B - Non Combustible (Rated Structural Elements) 2HR | <input type="checkbox"/> 2A - Non Combustible (Rated Structural Elements) 1+HR |
| <input type="checkbox"/> 2B - Non Combustible (Non Rated Structural Elements) | <input type="checkbox"/> 3A - Non Combustibles (Exterior Walls Only) | <input type="checkbox"/> 3B - Non Combustible (Bearing Walls Rated) |
| <input type="checkbox"/> 4 - Heavy Timber | <input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR | <input type="checkbox"/> 5B - Combustible (All Elements Not Rated) |

C. Dimensions / Data

FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD - 10TH FLOOR	_____	_____	_____
11TH - ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

D. Number of Off Street Parking Spaces

ENCLOSED _____ OUTDOORS _____

Local Governmental Agency to Complete This Section**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - Noise Control	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - Variance Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

IX. Site or Plot Plan - For Applicant Use

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for use in creating a site or plot plan.

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$100.00.**

CONSTRUCTION PLANS

ALL PERMIT APPLICATIONS MUST HAVE TWO (2) SETS OF COMPLETE CONSTRUCTION PLANS. ALL PLANS MUST SHOW THE FOLLOWING:

❖ **DECKS:**

POST DEPTH, PAD AND SIZE
POST SPACING, JOIST SIZE AND SPACING
ROOF DETAIL (IF APPLICABLE)
RAILING DETAIL (IF APPLICABLE)

❖ **POLE BUILDINGS:**

FOOTING DEPTH AND PAD SIZE
POST SIZE AND SPACING
HEADER SIZES AND LOCATIONS
WALL AND ROOF DETAILS
TRUSS DIAGRAMS

❖ **HOMES, ADDITIONS AND GARAGES**

FOUNDATION DETAIL
FLOOR PLAN
WALL DETAIL
FLOOR FRAMING DETAIL
ROOF FRAMING DETAIL
TRUSS DIAGRAMS
ENERGY CODE COMPLIANCE

INCOMPLETE PLANS WILL NOT BE PROCESSED

Leroy Township
Building Department
1685 N. M-52
Webberville, MI 48892
517-521-3729

Date _____

POLE BUILDING SPECIFICATIONS

1. TRUSS: _____ O.C. SPAN _____

Note: Truss specifications must be available on site for a framing inspection.

2. TYPE OF ROOF COVERING: _____

3. SIZE OF PURLINS: _____ " x _____ " O.C. FLAT: _____

ON EDGE: _____

4. SIZE OF TOP GIRTS: _____ " x _____ " _____

5. HEADER SIZE: _____ " x _____ " SPAN _____

Note: Gable End _____ or Eve Side _____

6. POLES: _____ " x _____ " O.C. _____

7. GIRTS: _____ " x _____ " O.C. _____

8. HEIGHT OF POLES: _____ "

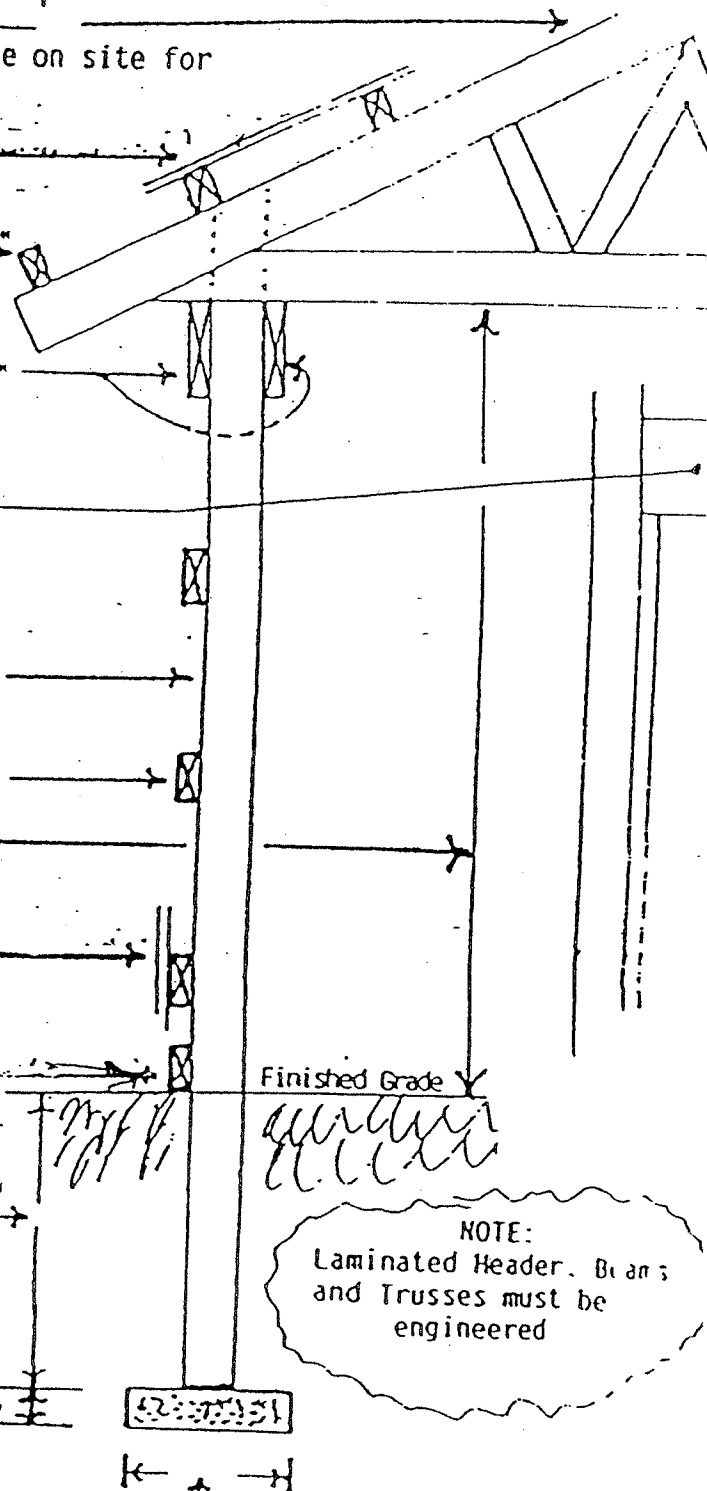
9. WALL COVERING: _____

10. BOTTOM GIRT MUST BE TREATED _____

11. DEPTH BELOW FINISHED GRADE: _____

12. THICKNESS OF FOOTING: _____ "

13. WIDTH OF FOOTING _____ " OR: _____ DIAMETER _____



NOTE:
Laminated Header, Beams
and Trusses must be
engineered

- C. The potential impact on surrounding properties in terms of traffic, noise, lighting, property valuation and views.
- D. Demand and capacity of utilities and municipal services to support the proposed use.
- E. Finding there is an alternative land use for the property that will provide the property owner with a reasonable rate of return on investment.

SECTION 415 ESSENTIAL PUBLIC SERVICES AND REQUIRED UTILITIES

- A. Essential services buildings and structures shall be permitted as authorized under any franchise in effect within the Township, subject to regulation as provided in any law of the State of Michigan the list of uses within each zoning district or in any other Township Ordinance provided it is the intent of this section to ensure conformity of all buildings, structures uses and storage yards to the requirements of this Zoning Ordinance wherever such conformity shall be practicable and not in conflict with the specific requirements of such franchise, state legislation or Township Ordinance. In the absence of such conflict, the Zoning Ordinance shall prevail. Appeal from the application of this Ordinance in regard to any essential service may be made to the Zoning Board of Appeals.
- B. Public and On-Site Utilities: Prior to issuance of a building permit under the terms of this Ordinance, the applicant shall obtain engineering approval from the Township. On-site septic systems shall be designed in accordance with the standards of the Ingham County Health Department.

SECTION 416 ACCESSORY BUILDINGS

All accessory buildings and structures permitted in this Zoning Ordinance shall be subject to the following:

- A. **Relation to Principal Building:** Accessory buildings, structures and uses are permitted only in connection with, incidental to and on the same lot with, a principal building, structure or use which is permitted in the particular zoning district. No accessory building, structure or use shall be occupied or utilized unless the principal structure to which it is accessory is occupied or utilized.
- B. **Maximum Number:** There shall be a maximum of one (1) detached accessory building of over one hundred (100) square feet and a maximum of two (2) total detached accessory buildings on any lot. This does not apply to necessary farm structures which are permitted accessory structures when incidental to the operation of a farm.
- C. **Restrictions on Placement:** Accessory buildings shall not be erected in any right-of-way, easement, required front yard nor any closer than six (6) feet from any side or rear property line; except accessory buildings are permitted in the front yard on lots of at least five (5) acres when the setback is equal to the setbacks of established uses on adjoining lots, as determined by the Building Inspector, or two hundred (200) feet. In the case of attached residential dwelling complexes, detached parking garages or carports may be permitted in the non-required front yard provided the Planning Commission approves the

site plan, landscaping, elevation drawings and construction materials. In reviewing such structures, the Planning Commission shall consider the impact of headlights and views from nearby public streets and adjacent properties.

- D. **Required Setbacks (attached):** Where the accessory building, structure or use is structurally attached to a principal building, structure or use, it shall be subject to all the regulations of this section applicable to principal buildings, structures and uses, except for unenclosed decks (Section 417) and projections into yards (Section 406).
- E. **Maximum, Height:** The maximum building height of any detached accessory building or structure, measured from the average height between the eaves and the ridge, shall be as follows:

TABLE 3 Maximum Height: Accessory Structures	
Zoning District	Maximum Height
AG, Agricultural Enterprise	100 ft. Farm Related 35 ft. Non-Farm Related
RA, Residential-Agricultural	24 ft.
R-1, Low Density Residential	14 ft.
RM-1, Multiple Family Residential	14 ft.
MP, Mobile Home Park	14 ft.
PO, Professional Office	14 ft.
C-1, Neighborhood Commercial	14 ft.
C-2, Commercial Highway Interchange	14 ft.
C-3, Light Manufacturing	24 ft.

- F. **Drainage:** The placement and design of any accessory building or structure shall not have a significant impact on stormwater runoff. The Building Inspector may require grading plans or a sketch plan to ensure compliance with this provision.
- G. **Permit Required:** The construction or placement of any accessory building or structure greater than one hundred (100) square feet shall require a building permit.
- H. **Restrictions on Use:** Accessory buildings shall not be occupied for dwelling purposes nor used for any business profession, trade or occupation except for permitted caretakers dwellings, as permitted in Section 908.

SECTION 417 ACCESSORY STRUCTURES: DECKS

- A. Attached or unattached uncovered decks, terraces, patios and porches without a roof or other form of solid enclosure, shall have a maximum height of three (3) feet when located in a front or side yard, measured at the mean finished grade, and a maximum height equal to the floor level of a second story when located in a rear yard. Such decks shall extend a maximum of fifteen (15) feet into the required rear yard setback area and be at

Patrick E. Lindemann

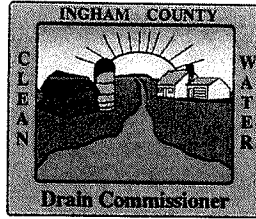
Ingham County Drain Commissioner

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 _____ Owner Email _____

Legal Description: Section _____ Town _____ Range _____

Property Tax ID # _____ Township / City _____

Earth Change Description _____

Drain Number _____ Drainage District _____

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 324.1714, 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 VISIABLE FROM THE PUBLIC ROAD

PERMIT WAIVER #

Leroy Township Building Department
Timothy S. O'Neil
1685 N. M-52
Webberville, MI 48892
(517) 521-4929

RE-INSPECTION FEE UPDATE

AS OF APRIL 1, 2025

**LEROY TOWNSHIP WILL BE CHARGING A
\$65.00 RE-INSPECTION FEE**

**FEE MUST BE PAID BEFORE
RE-INSPECTION WILL BE SCHEDULED**



Timothy S. O'Neil
Leroy Township Building Inspector

Leroy Township Building Department
Timothy S. O'Neil
1685 N. M-52
Webberville, MI 48892
(517) 521-4929

INSPECTION SCHEDULE UPDATE

AS OF APRIL 1, 2025

INSPECTIONS REQUIRED BY THE

LEROY TOWNSHIP BUILDING DEPARTMENT

WILL ONLY BE PERFORMED ON THE FOLLOWING DAYS:

TUESDAY

WEDNESDAY

THURSDAY



Timothy S. O'Neil
Leroy Township Building Inspector