

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

DECK AND PORCH PERMIT

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

DECK AND PORCH 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 DECK/PORCH CONSTRUCTION PLANS AND DETAILS. INCLUDE:
FLOOR PLAN AND CROSS SECTION
POSTS – SIZE, SPACING, DEPTH, TYPE OF FOOTING
JOIST – SIZE, SPACING
FLASHING AND ATTACHMENT TO HOUSE
RAILING SPECIFICATIONS IF APPLICABLE
MISCELLANEOUS – LATTICE, FENCING, BENCHES, ETC.
- 4) TWO (2) COMPLETE SETS OF SITE PLAN:
INCLUDE ALL SETBACK DIMENSIONS
INCLUDE LOCATION OF WELL-SEPTIC TANK AND FIELD
LOCATION AND SIZE OF DECK/PORCH
- 5) SOIL EROSION PERMIT OR WAIVER:
INGHAM COUNTY DRAIN COMMISSION
707 BUHL ST., MASON, MI 48854
(517) 676-8395
- 6) ROUGH INSPECTION BEFORE DECKING IS PLACED
- 7) FINAL INSPECTION WHEN PROJECT IS COMPLETE

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

DECK/PORCH PERMIT FEE - \$275.00
(INCLUDES PLAN REVIEW, LAND USE PERMIT AND INSPECTIONS)

LEROY TOWNSHIP

DATE _____

1685 N. M-52

WEBBERVILLE, MI 48892

PHONE: 517-521-3792

FAX: 517-521-4665

APPLICATION FOR LAND USE

Name of Applicant: _____ Phone: _____

Cell: _____

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:

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

a. The location, shape, area and dimension of the lot

b. The location, dimensions, height and bulk of the existing and/or proposed structures to be erected, altered, or moved on the lot

c. The intended use(s)

d. The proposed number of sleeping rooms, dwelling units, occupants, employees, customers and other users

e. The yard, open space, and parking space dimensions

f. Show Utility wires on property

g. 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: bccbldg2@michigan.gov
www.michigan.gov/bcc

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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 <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> NEW BUILDING</div> <div style="width: 50%;"><input type="checkbox"/> ALTERATION</div> <div style="width: 50%;"><input type="checkbox"/> DEMOLITION</div> <div style="width: 50%;"><input type="checkbox"/> FOUNDATION ONLY</div> <div style="width: 50%;"><input type="checkbox"/> RELOCATION</div> <div style="width: 50%;"><input type="checkbox"/> ADDITION</div> <div style="width: 50%;"><input type="checkbox"/> REPAIR</div> <div style="width: 50%;"><input type="checkbox"/> MOBILE HOME SET-UP</div> <div style="width: 50%;"><input type="checkbox"/> PREMANUFACTURE</div> <div style="width: 50%;"><input type="checkbox"/> SPECIAL INSPECTION</div> </div>
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 <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> ONE FAMILY</div> <div style="width: 33%;"><input type="checkbox"/> TOWNHOUSE</div> <div style="width: 33%;"><input type="checkbox"/> DETACHED GARAGE</div> <div style="width: 33%;"><input type="checkbox"/> TWO OR MORE FAMILY</div> <div style="width: 33%;">NO. OF UNITS _____</div> <div style="width: 33%;"><input type="checkbox"/> ATTACHED GARAGE</div> <div style="width: 33%;"><input type="checkbox"/> OTHER _____</div> <div style="width: 33%;">NO. OF UNITS _____</div> </div>

B. Buildings Regulated by the Michigan Building Code
<div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"> <input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.) <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.) <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.) <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.) <input type="checkbox"/> (B) BUSINESS <input type="checkbox"/> (E) EDUCATION <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD) <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD) </div> <div style="width: 33%;"> <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION) <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION) <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION) <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD) <input type="checkbox"/> (H-5) HIGH HAZARD (HPM) <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED) <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.) <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.) </div> <div style="width: 33%;"> <input type="checkbox"/> (M) MERCANTILE <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS) <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY) <input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE) <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD) <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD) <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS) </div> </div>

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.

Building Data			
A. Type of Mechanical			
WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> 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) 1HR <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 site or plot planning.

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

Patrick E. Lindemann

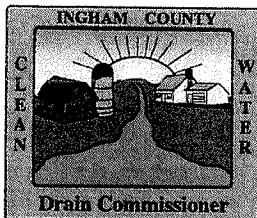
Ingham County Drain Commissioner

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

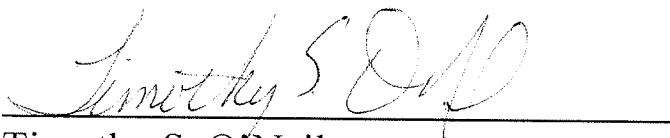
LEROY TOWNSHIP BUILDING DEPARTMENT

WILL ONLY BE PERFORMED ON THE FOLLOWING DAYS:

TUESDAY

WEDNESDAY

THURSDAY

A handwritten signature in cursive script, reading "Timothy S. O'Neil", is written over a horizontal line.

Timothy S. O'Neil

Leroy Township Building Inspector