

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

**MOBILE/MODULAR HOME BUILDING PERMIT**  
**(NOT IN MOBILE HOME COMMUNITIES)**

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

**MOBILE/MODULAR HOME BUILDING PERMIT REQUIREMENTS:**  
(ALL REQUIREMENTS MUST BE SUBMITTED PRIOR TO REVIEW)

- 1) APPLICATION FOR LAND USE (ZONING APPLICATION)
- 2) PROOF OF PROPERTY OWNERSHIP
- 3) COMPLETED BUILDING PERMIT APPLICATION
- 4) TWO (2) COMPLETE FULL SIZE SETS OF BUILDING PLANS
- 5) TWO (2) COMPLETE SETS OF SITE PLAN  
SHOW ALL PROPERTY LINES AND OVERHEAD WIRES  
INCLUDE LOCATION OF WELL-SEPTIC TANK AND FIELD
- 6) TWO (2) COMPLETE SETS OF FOUNDATION PLANS
- 7) TIE DOWN/ANCHORAGE INFORMATION
- 8) SKIRTING DETAILS
- 9) FOUNDATION INSULATION MUST MEET CODE MRC2015
- 10) DRIVEWAY PERMIT:  
INGHAM COUNTY ROAD COMMISSION  
301 BUSH ST., MASON, MI, 48854  
(800) 968-9733
- 11) SOIL EROSION PERMIT OR WAIVER  
INGHAM COUNTY DRAIN COMMISSION  
707 BUHL ST., MASON, MI 48854  
(517) 676-8395
- 12) FINAL INSPECTION WHEN PROJECT IS COMPLETE

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

MOBILE/MODULAR HOME BUILDING PERMIT FEE: \$.35/SQUARE FOOT OF LIVING AREA

**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:  
\_\_\_\_\_  
(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.	

<b>Project or Facility Information</b>			
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	

<b>Applicant</b>				
NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

<b>Owner or Lessee</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

<b>Signature</b>
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 _____	

<b>Validation - For Department Use Only</b>	<b>VALIDATION AREA</b>
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
<b>A. Type of Improvement</b>
<div style="display: flex; flex-wrap: wrap;"> <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>B. Plan Review Required</b>
<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><b>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.</b></p>
BCC Plan Review Number _____ School Site Plan Review Number (if different) _____

Plan Review Information
<b>A. Residential - Buildings Regulated by the Michigan Residential Code</b>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> ONE FAMILY</div> <div style="width: 33%;"><input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____</div> <div style="width: 33%;"><input type="checkbox"/> DETACHED GARAGE</div> <div style="width: 33%;"><input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____</div> <div style="width: 33%;"><input type="checkbox"/> ATTACHED GARAGE</div> <div style="width: 33%;"><input type="checkbox"/> OTHER _____</div> </div>
<b>B. Buildings Regulated by the Michigan Building Code</b>
<div style="display: flex; flex-wrap: wrap;"> <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 &amp; 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? ☐ 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) 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 use as 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**

# Patrick E. Lindemann

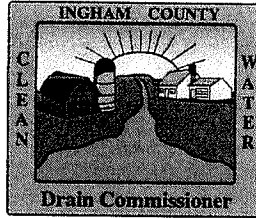
## Ingham County Drain Commissioner

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 VISIBLE FROM THE PUBLIC ROAD**

PERMIT WAIVER #



# **LEROY TOWNSHIP RESIDENTIAL HOME INSPECTIONS**

## **CHECK OFF LIST OF INSPECTIONS:**

- ☐ LOCATION ON LOT – BEFORE DIGGING FOUNDATION – STAKED
- ☐ FOOTINGS
- ☐ BACKFILL
- ☐ ROUGH FRAMING
- ☐ SUMP/TILE/VAPOR BARRIER – BASEMENT FLOOR
- ☐ FOOTINGS FOR ALL – DECKS, PORCHES, PILLARS, ETC.
- ☐ BRICK VENEER – FLASHING AND VAPOR BARRIER (BEFORE BRICK IS LAID)
- ☐ INSULATION (IF BATTS ARE USED)

## **REQUIREMENTS FOR FINAL INSPECTION AND OCCUPANCY PERMIT:**

- ☐ DRIVEWAY FULLY INSTALLED
- ☐ CONSTRUCTION COMPLETED
- ☐ FINAL GRADE – WEATHER PERMITTING
- ☐ ALL FINAL INSPECTIONS BY THE STATE OF MICHIGAN BUREAU OF CONSTRUCTION CODES WITH GREEN APPROVAL TAGS IN PLACE
- ☐ FINAL APPROVAL OF WELL AND SEPTIC SYSTEM FROM THE INGHAM COUNTY HEALTH DEPARTMENT – YELLOW COPY OF PERMIT ON SITE OR MAIL IT TO THE BUILDING DEPARTMENT, LEROY TOWNSHIP.

**CALL (517) 521-4929 FOR ALL BUILDING INSPECTIONS  
24-HOUR NOTICE REQUIRED**

**FAILURE TO HAVE THE REQUIRED INSPECTIONS COMPLETED  
WILL RESULT IN THE SUSPENSION OF THE BUILDING PERMIT**

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**

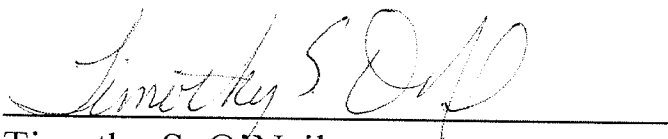
**LEROY TOWNSHIP BUILDING DEPARTMENT**

**WILL ONLY BE PERFORMED ON THE FOLLOWING DAYS:**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**



Timothy S. O'Neil

Leroy Township Building Inspector