

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

**POOL PERMIT**

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

**POOL 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 PLANS:  
INGROUND POOL: TWO (2) COPIES OF FENCE DETAILS (4 FT. FENCE IS REQUIRED)  
ABOVE GROUND POOL: (2) COPIES OF DECK PLANS
- 4) TWO (2) COMPLETE SETS OF SITE PLAN:  
INCLUDE ALL SETBACK DIMENSIONS  
POOL SIZE AND LOCATION  
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
- 6) FINAL INSPECTION WHEN PROJECT IS COMPLETE

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

POOL PERMIT FEE - \$105.00  
(INCLUDES PLAN REVIEW, LAND USE PERMIT AND INSPECTIONS)

### 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  
www.michigan.gov/bcc

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

<b>Architect or Engineer</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER			EXPIRATION DATE
<b>Contractor</b>			
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)			

<b>Type of Job</b>
<b>A. Type of Improvement</b>
<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>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> <p>BCC Plan Review Number _____ School Site Plan Review Number (if different) _____</p>

<b>Plan Review Information</b>
<b>A. Residential - Buildings Regulated by the Michigan Residential Code</b>
<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>B. Buildings Regulated by the Michigan Building Code</b>		
<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)	<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.)	<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)

**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 drawing 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.**

# Patrick E. Lindemann

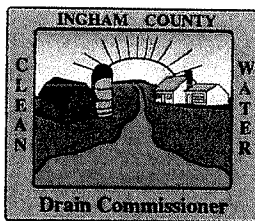
## Ingham County Drain Commissioner

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 #

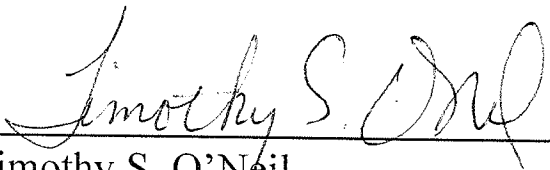
Leroy Township Building Department  
Timothy S. O'Neil  
1685 N. M-52  
Webberville, MI 48892  
(517) 521-4929

**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**

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



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**

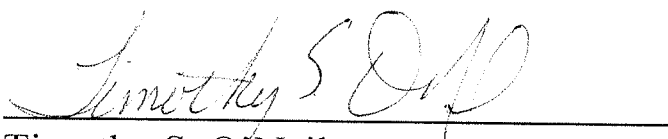
**LEROY TOWNSHIP BUILDING DEPARTMENT**

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

**TUESDAY**

**WEDNESDAY**

**THURSDAY**



Timothy S. O'Neil

Leroy Township Building Inspector