LEROY TOWNSHIP BUILDING DEPARTMENT

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

SOLAR PANEL INSTALLATION PERMIT

CALL (517) 521-4929 FOR INSPECTIONS

PLEASE ALLOW AT LEAST 24 HOURS NOTICE FOR INSPECTIONS

SOLAR PANEL INSTALLATION PERMIT REQUIREMENTS:

(ALL REQUIRMENTS MUST BE SUBMITTED PRIOR TO REVIEW)

- 1) APPLICATION FOR LAND USE (ZONING APPLICATION) GROUND MOUNT ONLY NOT REQUIRED IF ROOF MOUNT
- 2) COMPLETED BUILDING PERMIT APPLICATION
- 3) TWO (2) COMPLETE FULL SIZE SETS OF BUILDING PLANS SHOW CROSS SECTION
- 4) TWO (2) COMPLETE SETS OF THE SITE PLAN GROUND MOUNT ONLY NOT REQUIRED IF ROOF MOUNT SHOW ALL PROPERTY LINE SETBACKS INCLUDE LOCATION OF WELL-SEPTIC TANK AND FIELD

SOLAR PANEL INSPECTIONS:

- 1) FOOTINGS BEFORE PLACING CONCRETE
- 2) FINAL INSPECTION WHEN PROJECT IS COMPLETE

SITE WORK IS TO BE DONE PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT

SOLAR PANEL INSTALLATION PERMIT FEE TO BE DETERMINED BY BUILDING INSPECTOR

LEROY TOWNSHIP 1685 N. M-52

WEBBERVILLE, MI 48892 PHONE: 517-521-3729 FAX: 517-521-4665

APPLICATION FOR LAND USE

DATE ____

Name of Applicant:		V-31161	Pho	ne:	
			Cel	l:	
Address:			rax		
Name of Lot Owner (if different):		A	ddress:		
Address of Premises:					
Application is hereby made to: (De					
On premises located on the	side of		Street		
feet of the intersect	ion of		aı	nd	
N,S,E,W				Sti	reet
		DESCRIPTION			
Size of Building or Structure: Character of Construction: Garage:	Width	Feet	Depth	Feet 2) Fe	oundation type:
3) Character of Construction:	Height	Stories	Height	Feet	Jr. C
5) Garage:			4) Approxi	mate cost of wor	К. э
5) Garage: 6) Size of Lot: fe 7) Parking space dimensions:	et wide		_ feet deep	Area	square feet
7) Parking space dimensions: 8) Location on Property(set backs)		D	137-1-		
Front	ft from P	Propose roperty Line to	od Yards: Ruilding or S	tructure	
Side	ft. from P	roperty Line to	Building or S	Structure	
Side	_ ft. from P	roperty Line to	Building or S	Structure	
Rear	_ ft. from F	roperty Line to	Building or S	Structure	
9) Use of Proposed Building or Str		C A .), (D)	
(Residence, Grocery, etc.)	N	o. of Apartmen	ts	No. of Employ	rees
		Sleening Room	·	No. of Occupa	sers
10) Use or Occupancy of Existing B	uildings or	Structures on I	.ot·		
Present use (Residence, Grocery, etc.)	No	o. of Apartmen	ts	No. of Employ	ees
(Residence, Grocery, etc.)	146	o. of Customers	j	No. of other Us	sers
Dungana	No. 01 3	sleeping Room	S	No. of Occupar	ıts
Proposed use(Residence, Grocery, etc.)	NO	of Apartment	ts	No. of Employ	ees
	110	J. of Customers Sleening Room		No. of Occupar	ers
11) Use or Occupancy of Land: Pro		mooping room		posed	
12) Two (2) copies of a site layout of	r plot plan	must be submi	tted with this	application show	ving where
		ion, shape, area			
ł	. The locat	ion, dimension	s, height and l	oulk of the exist	ing and/or
	proposed The inten:		e erected, alte	ered, or moved o	n the lot
			f sleening root	ns, dwelling uni	ts occupants
		es, customers a			us, occupants,
	. The yard,	open space, an	nd parking spa		
		lity wires on pi			
g	to determ	r information di ine and provide	eemed necess for the enfor	ary by the Zonin cement of this C	ng Administrator 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

B 2015 B

	www.michigan.gov/bcc	-
Penalty Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. / available upon request to individuals with disabilities.	Auxiliary aids, services and other reasonable accommodations are
Project or Facility Information	ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED City Village Township OF: BETWEEN	COUNTY	ZIP CODE
2. S.WW.Ph.	AND	
Applicant NAME	E-MAIL	
ADDRESS CITY	STATE ZIP CO	DE TELEPHONE NUMBER (Include Area Code)
Owner or Lessee NAME	ADDRESS	
CITY STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHO OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZ OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION 23a of the state construction code act of 1 circumvent the licensing requirements of this state residential structure. Violators of section 23a are sub-	LED AGENT, AND WE AGREE TO CONF LICATION IS ACCURATE TO THE BEST 1972, 1972 PA 230, MCL 125.1523a, p	AND THAT I HAVE BEEN AUTHORIZED BY THE ORM TO ALL APPLICABLE LAWS OF THE STATE OF MY KNOWLEDGE.
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) (Incl.	ludes \$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 YES NO \$		
IUMBER OF INSPECTIONS\$		
OTAL PERMIT FEE \$		
PPROVAL SIGNATURE		

NAME			ADDRESS		
CITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)
LICENSE NUMBER					EXPIRATION DATE
Contractor IAME			ADDRESS		
W Property			ADDRESS		
SITY		STATE	ZIP CODE		TELEPHONE NUMBER (Include Area Code)
BUILDERS LICENSE NU	IMBER	<u> </u>			EXPIRATION DATE
EDERAL EMPLOYER IC	O NUMBER (or reason for exc	emption)	WORKERS COMP I	NSURANCE CARRIER (or reason for exemption)
INEMPLOYMENT INSU	RANCE AGENCY EMPLOYE	ER ACCOUNT NUMBER (or reason for ex	xemption)		
ype of Job					
3. Type of Improve	ement				
NEW BUILDINGADDITION	ALTERATION REPAIR	DEMOLITION MOBILE HOME SET-U	P F	FOUNDATION ONLY PREMANUFACTURE	
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Construction docum signature is not requestruction cost.	n documents are requent the description in the description in the nents must be sealed a paired for one and two factors.	uired with each application for all eapplication. Ind signed by an architect or proamily dwellings less than 3,500	a permit, unless wai ofessional engineer in square feet of calcu	n accordance with lated floor area an	g official when code compliance ca 1980, PA 299 as amended. The sea d public works less than \$15,000 in
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Building Data	general control of the control of th				
A. Type of Mechanical					
WILL THERE BE FIRE SUPPRESS	SION? YES NO				
B. Type of Construction					
1A - Non Combustible (Protected 28 - Non Combustible (Non Rade 4 - Heavy Timber	ed Structural Elements) 3HR ted Structural Elements)	1B - Non Combustible (Rational SA - Non Combustibles (Examples of SA - Combustible (Structural SA - Comb	terior Walls Only)	☐ 3B - Non Combust	tible (Rated Structural Elements) 1Hi tible (Bearing Walls Rated) All Elements Not Rated)
C. Dimensions / Data					
FLOOR AREA: EX	CISTING	ALTERATIONS	NEW		
BASEMENT					
1ST & 2ND FLOOR			A		
3RD - 10TH FLOOR	A STATE OF THE STA		-		
11TH - ABOVE					
TOTAL AREA					
D. Number of Off Street Pa	arking Spaces				
ENCLOSED		OUTDO	ORS		
Local Governmental Agen	cy to Complete This Sec	ction			
	E	NVIRONMENTAL CON	TROL APPROVALS		
	REQUIRED?	APPROVED	DATE	NUMBER	ВУ
A - Zoning	□ Yes □ No			***************************************	
B - Fire District	⊒ Yes : □ No				
C - Pollution Control	□ Yes □ No				
D - Noise Control	☐ Yes ☐ No		Transplanting Comment		
E - Soil Erosion	□ Yes □ No				100 March 100 Ma
F - Flood Zone	☐ Yes - ☐ No				
G - Water Supply	□ Yes □ No				
ł - Sewer	□ Yes □ No				
- Variance Granted	□ Yes □ No				
- Other	☐ Yes ☐ No				

X. :	Site	e or	Plo	ot P	lan	- F	or A	۱pp	lica	nt L	Jse	1000 1200	. 134				Visa 5		Design	anj		vis.	10.7	e 34	ili.		أرائمون			19 17 36 1713	21.33	er e.c.			ar a	andri.		<u>.</u>
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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.

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 <u>BEFORE</u>
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

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