

**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

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:

\_\_\_\_\_  
(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:

- 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: 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	
A. Type of Improvement	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> MOBILE HOME SET-UP
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> PREMANUFACTURE
<input type="checkbox"/> RELOCATION	<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>
BCC Plan Review Number _____ School Site Plan Review Number (if different) _____

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
<input type="checkbox"/> TWO OR MORE FAMILY	NO. OF UNITS _____	<input type="checkbox"/> OTHER _____
NO. OF UNITS _____	<input type="checkbox"/> ATTACHED GARAGE	

B. Buildings Regulated by the Michigan Building Code		
<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.)	

**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**

- ☐ 1A - Non Combustible (Protected Structural Elements) 3HR  
☐ 2B - Non Combustible (Non Rated Structural Elements)  
☐ 4 - Heavy Timber

- ☐ 1B - Non Combustible (Rated Structural Elements) 2HR  
☐ 3A - Non Combustibles (Exterior Walls Only)  
☐ 5A - Combustible (Structural Elements Rated) 1HR

- ☐ 2A - Non Combustible (Rated Structural Elements) 1HR  
☐ 3B - Non Combustible (Bearing Walls Rated)  
☐ 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.**



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  
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**INSPECTION SCHEDULE UPDATE**

**AS OF APRIL 1, 2025**

**INSPECTIONS REQUIRED BY THE**

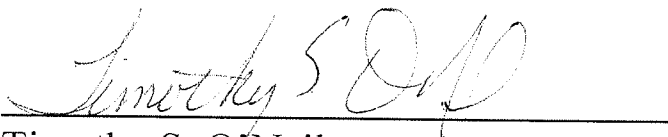
**LEROY TOWNSHIP BUILDING DEPARTMENT**

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

**TUESDAY**

**WEDNESDAY**

**THURSDAY**



Timothy S. O'Neil

Leroy Township Building Inspector