

## BROCKWAY TOWNSHIP

7645 Sayles Road

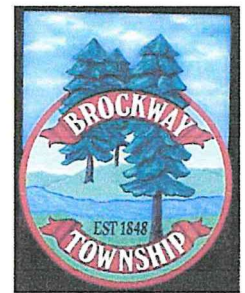
Brockway, MI 48097

Phone (810) 387-3375 Fax (810) 387-4571

Office Hours: Monday, Thursday, 1:30 -4:00 PM

Friday 9:00 – Noon

Email: [brockway@greatlakes.net](mailto:brockway@greatlakes.net)



BUILDING OFFICIAL – JIM GOLEMBIEWSKI

Cell (810) 531-1286 Email [jim.g531@gmail.com](mailto:jim.g531@gmail.com)

### BUILDING APPLICATION CHECKLIST

- \_\_\_ Completely filled out and signed application
- \_\_\_ Property address and tax ID of build site, overall acres.
- \_\_\_ Detailed site plan (with setbacks to everything on property and lot lines)
- \_\_\_ Septic Permit (new construction)  
St Clair County Environmental Health
- \_\_\_ Well Permit (new construction)  
St Clair County Environmental Health
- \_\_\_ Culvert Permit (new construction)  
St Clair County Road Commission
- \_\_\_ Proof of ownership (deed, tax bill, etc.)
- \_\_\_ Copy of Builders License and Insurance Information (if not the property owner)
- \_\_\_ Soil Erosion Permit (if within 500 ft. of drain, stream, river, lake or other body of water)  
St Clair County Environmental Health
- \_\_\_ Two sets of construction drawings (1 copy will be retained by Brockway Township)  
A plan of the project can be hand drawn if under 3,500 sq ft, showing footing or or post depth, outside dimensions, roof pitch, window and door sizes and wall sizes.
- \_\_\_ Fill out wall detail sheets, home or pole barn.
- \_\_\_ Engineered truss plans (if applicable)
- \_\_\_ Permit Fees paid by check or cash before any work starts.

**PERMIT WILL BECOME INVALID UNLESS WORK IS STARTED WITHIN 180 DAYS.**

# BUILDING / DEMO PERMIT APPLICATION

PERMIT # B- \_\_\_\_\_ - \_\_\_\_\_

**BROCKWAY TOWNSHIP** 7645 Sayles Road, Brockway, MI 48097  
 Phone (810) 387-3375 Fax (810) 387-4571

DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Authority: ACT 230, PA 1972, AS Amended Completion: Mandatory to obtain Permit Penalty: Work done prior to obtaining a permit will be charged at twice the normal fee amount.	Brockway Twp will not discriminate against any individual or group because of Race, Sex, Religion, Age, National Origin, Color, Marital Status, Handicap or Political Beliefs.	<b>For Inspections Call</b> <b>JIM GOLEMBIEWSKI (810) 531-1286</b>
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V, AND VI**  
**NOTE: SEPARATE APPLICATION MUST BE COMPLETED FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:**

**I. PROJECT or FACILITY INFORMATION**

PROPERTY ID# 74-10-

NAME OF OWNER	PHONE #
STREET ADDRESS / JOB LOCATION	

**II. IDENTIFICATION**

**A. ARCHITECT OR ENGINEER**

NAME	ADDRESS	CITY	STATE	ZIP
LICENSE NUMBER	EXPIRATION DATE			

**B. APPLICANT - HOMEOWNER / CONTRACTOR CONTACT INFORMATION**

APPLICANT IS :	<input type="checkbox"/> Contractor	<input type="checkbox"/> Homeowner	TELEPHONE NUMBER	EMAIL
NAME	ADDRESS	CITY	STATE	ZIP
BUILDER LICENSE NUMBER (INDIVIDUAL)	EXPIRATION DATE	BUILDER LICENSE NUMBER (COMPANY)	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER	WORKERS COMPENSATION INSURANCE CARRIER		UIA NUMBER	

**III. TYPE OF IMPROVEMENT AND PLAN REVIEW**

**A. TYPE OF IMPROVEMENT**

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<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"/> POLE BUILDING
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> GARAGE	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> DECK	<input type="checkbox"/> SWIMMING POOL

**B. REVIEW(S) TO BE PERFORMED**

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION
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**IV. PROPOSED USE OF BUILDING**

**A. RESIDENTIAL**

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY - NO. OF UNITS	<input type="checkbox"/> HOTEL, MOTEL - NO. OF UNITS
<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> OTHER

**B. NON-RESIDENTIAL**

<input type="checkbox"/> AMUSEMENT	<input type="checkbox"/> SCHOOL, LIBRARY, EDUCATION	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CHURCH, RELIGION	<input type="checkbox"/> PUBLIC UTILITY
<input type="checkbox"/> PARKING GARAGE	<input type="checkbox"/> HOSPITAL, INSTITUTIONAL	<input type="checkbox"/> TANKS, TOWERS
<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> STORE, MERCANTILE	<input type="checkbox"/> OTHER

NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. (ATTACH ADDITIONAL PAGE(S) AS NECESSARY).

**V. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

<input type="checkbox"/> MASONRY, WALL BEARING	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> STRUCTURAL STEEL
<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER	<input type="checkbox"/>

**B. FOUNDATION FRAME**

<input type="checkbox"/> BASEMENT	<input type="checkbox"/> CRAWL SPACE	<input type="checkbox"/> FOOTING DIMENSIONS
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**C. MATERIALS IN FOUNDATION WALLS**

<input type="checkbox"/> BLOCK TYPE	WIDTH IN INCHES	<input type="checkbox"/> WOLMANIZED
<input type="checkbox"/> POURED CEMENT	WIDTH IN INCHES	<input type="checkbox"/> PRECAST

**D. PRINCIPAL TYPE OF HEATING FUEL**

<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER
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**E. TYPE OF SEWAGE DISPOSAL**

<input type="checkbox"/> CITY	<input type="checkbox"/> SEPTIC SYSTEM	<input type="checkbox"/> OTHER
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**F. TYPE OF WATER SUPPLY**

<input type="checkbox"/> CITY	<input type="checkbox"/> PRIVATE WELL OR CISTERN	<input type="checkbox"/> OTHER
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**G. TYPE OF MECHANICAL**

WILL THERE BE AIR CONDITIONING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WILL THERE BE FIRE SUPPRESSION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**H. DIMENSIONS / DATA**

			EXISTING	ALTERATIONS	NEW
NUMBER OF STORIES	_____		_____	_____	_____
USE GROUP	_____	FLOOR AREA	_____	_____	_____
CONSTRUCTION TYPE	_____	BASEMENT	_____	_____	_____
NO. OF OCCUPANTS	_____	1ST & 2ND FLOOR	_____	_____	_____
COST OF CONSTRUCTION \$	_____	TOTAL AREA	_____	_____	_____

**I. NUMBER OF OFF STREET PARKING SPACES**

ENCLOSED	_____	OUTDOORS	_____
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**VI. APPLICANT SIGNATURE**

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.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

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.

**SIGNATURE OF APPLICANT:**

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THE FOLLOWING SECTIONS**

	REQUIRED		APPROVED		DATE	
A. ZONING VARIANCE APPLICATION	YES	NO				
B. VARIANCE GRANTED	YES	NO				
C. SPECIAL LAND USE APPLICATION	YES	NO				
D. SPECIAL LAND USE GRANTED	YES	NO				

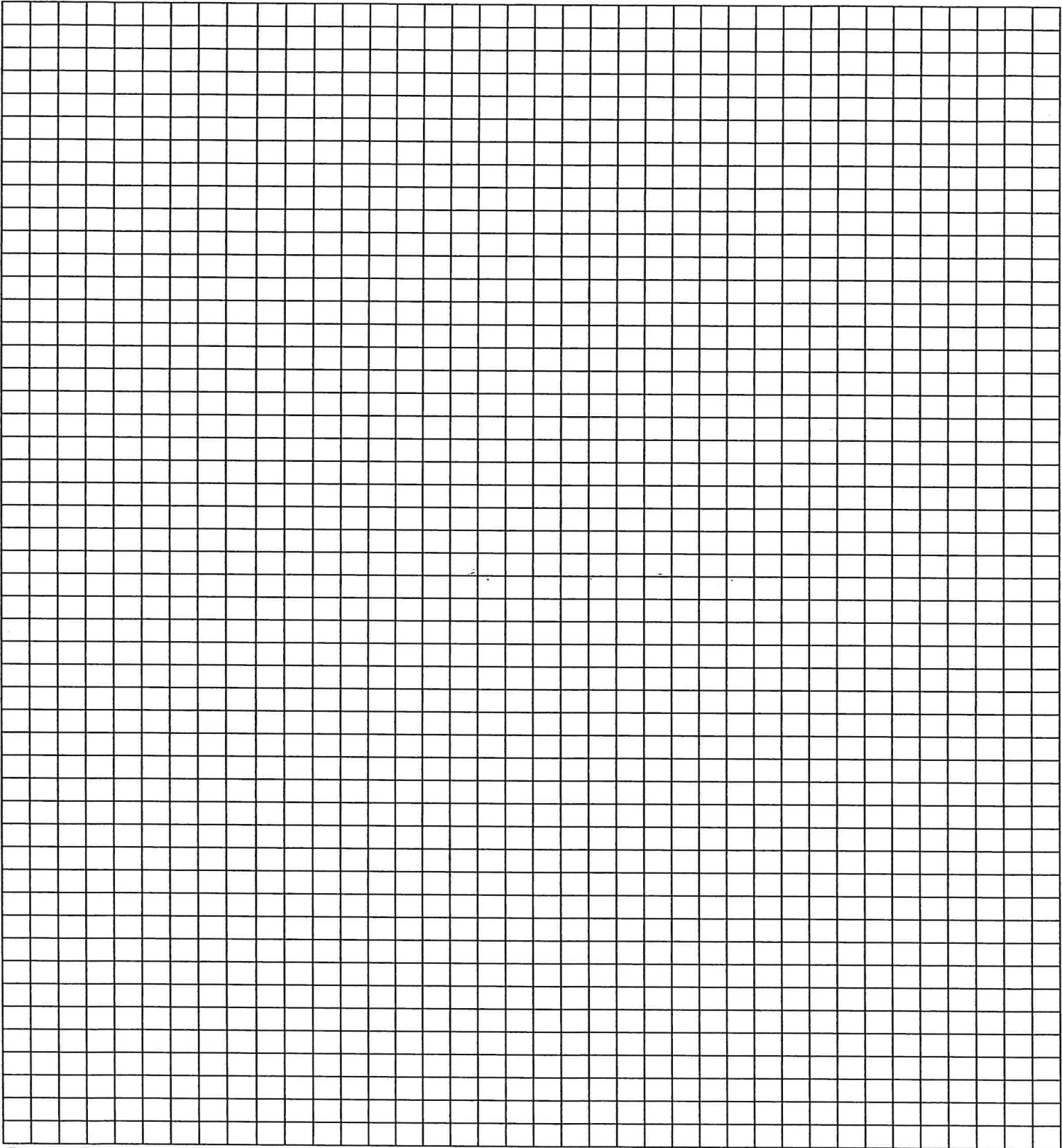
  

	PLAN REVIEW FEE	QTY	BASE PERMIT FEE	QTY	PER INSP	QTY	TOTAL AMOUNT
HOMES & ADDITIONS:							
Up to 2,000 sq ft	110.00		125.00		72.00		
2,001 TO 3,000 sq ft	138.00		150.00		72.00		
3,001 & Over sq ft	165.00		175.00		72.00		
TEMPORARY TRAILER	N/A		55.00		72.00		
New Home Permit Paid & Issued - Trailer to be Removed Before Certificate of Occupancy							
ACCESSORY (Over 200 sq ft)							
POLE BLDG/GARAGE/SHED	55.00		75.00		72.00		
DECK / PORCH / RAMP	55.00		50.00		72.00		
POOLS	55.00		50.00		72.00		
COMMERCIAL	165.00		200.00		83.00		
PERMIT - UP TO 1,000 sq ft, ADDITIONAL \$25.00 per thousand sq ft Requires Architect Stamped Drawings							
COMMERCIAL SIGNS	55.00		75.00		83.00		
DEMOLITION	55.00		50.00		72.00		
RELOCATION OF BUILDING	N/A		100.00		72.00		
STOP WORK ORDER	N/A		65.00		72.00		
<b>BASE PERMIT FEE DOUBLED IF PROJECT IS STARTED PRIOR TO PERMIT ISSUANCE</b>					<b>PERMIT TOTAL</b> _____		

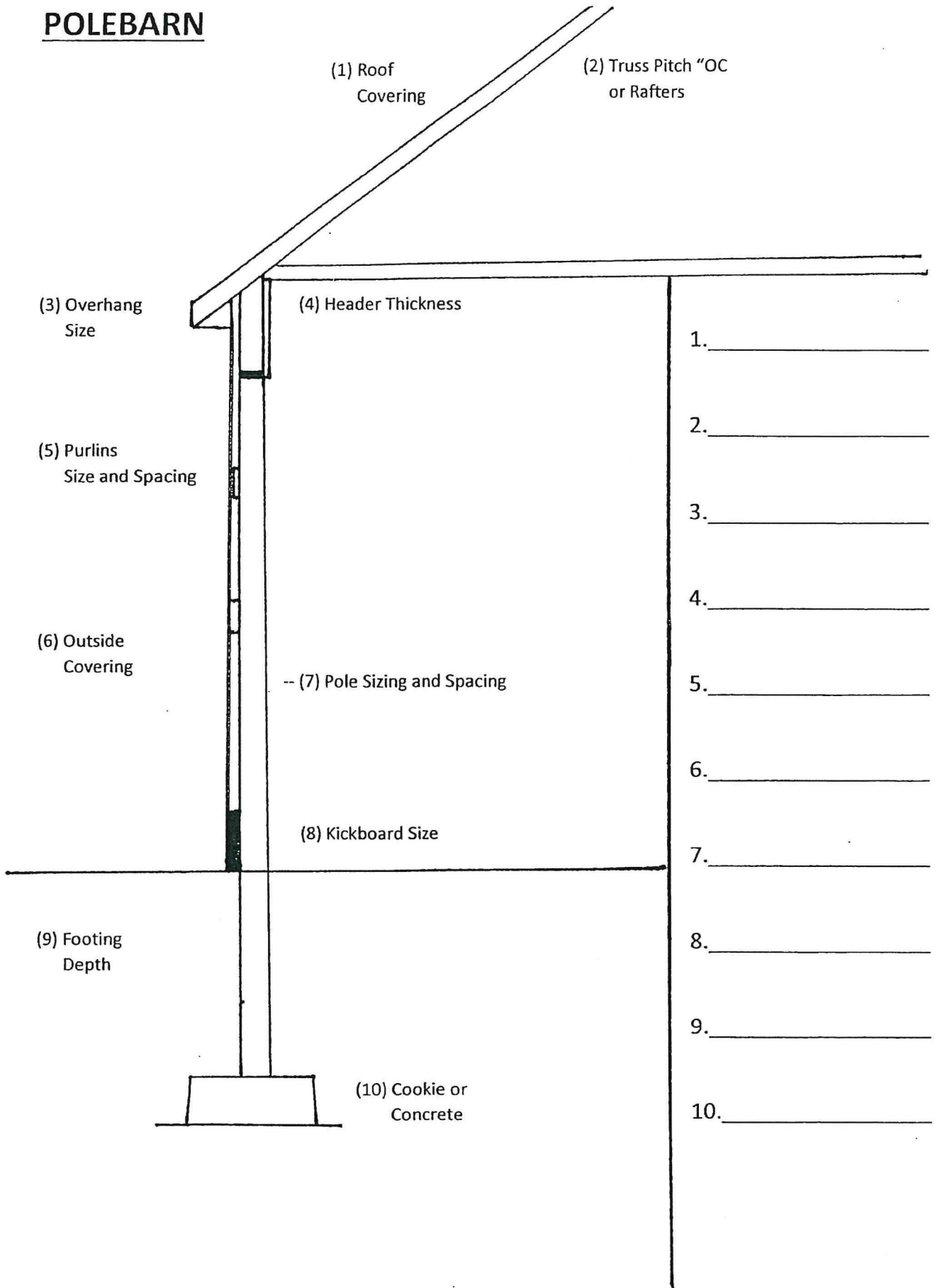
BUILDING PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

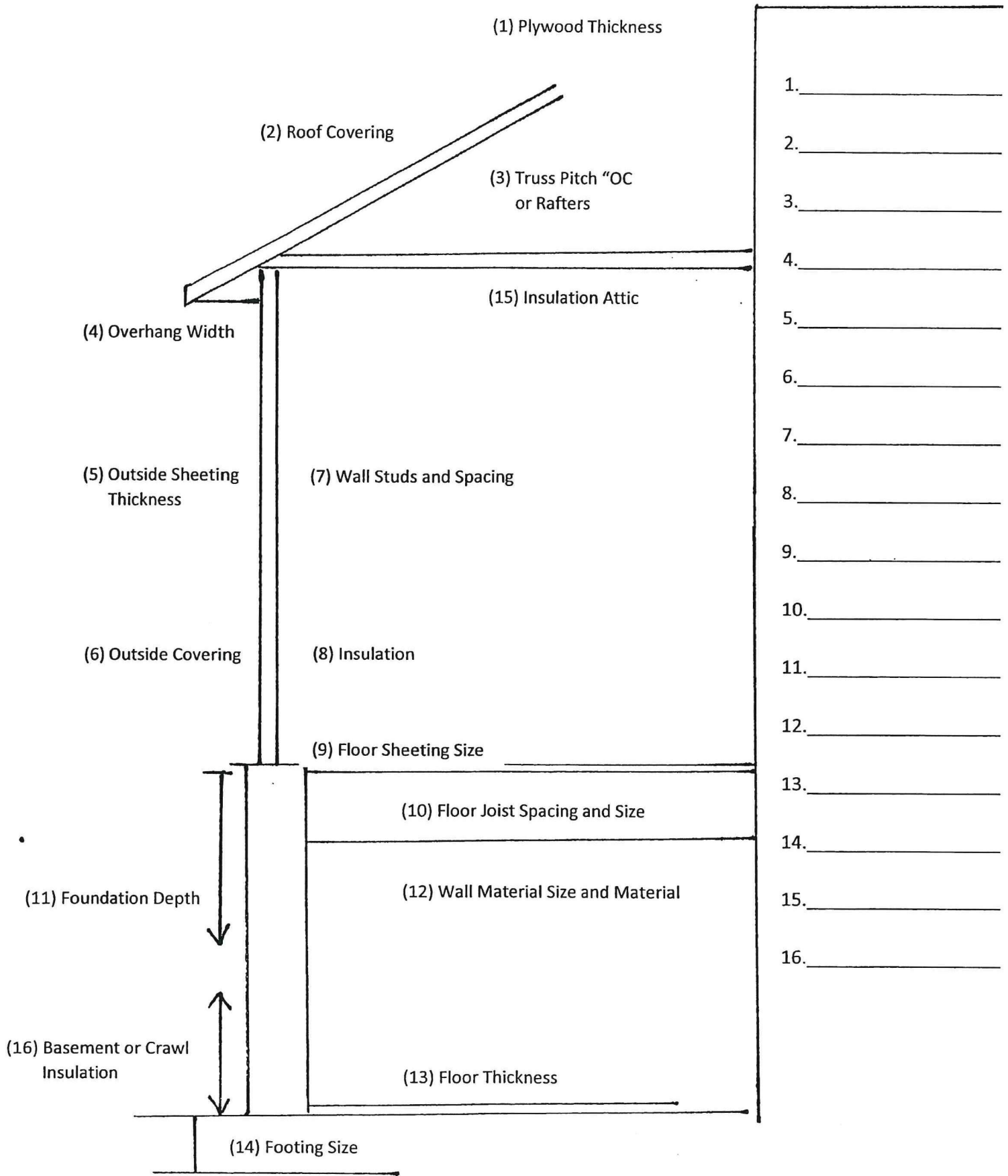
IX. SITE OR PLOT PLAN - FOR APPLICATION USE



# POLEBARN



# HOME OR ADDITION



## BUILDING OR REMODELING

1. Completely fill out the Application for Building Permit
2. Contact the Building Inspector: **JIM GOLEMBIEWSKI**  
**(810) 531-1286**  
**Jim.g531@gmail.com**
3. The building application will be reviewed by the Zoning Administrator to verify that the zoning and set back requirements have been met. If a Soil Erosion Permit is required, the building inspector will notify you of this at this time. The Soil Erosion Permit can be obtained from and filed with the St. Clair County Environmental Health Department.
4. If you need assistance filling out any application or have other questions, contact the appropriate inspector directly.

PLUMBING & MECHANICAL	MARK BOOTH	(586) 918-7551
ELECTRICAL	PAUL RAICEVICH	(586) 873-2660
BUILDING / ZONING	JIM GOLEMBIEWSKI	(810) 531-1286

5. After you have received your permit and started construction, **IT IS YOUR RESPONSIBILITY** to contact the inspectors for all inspections required, up to and including a final inspection before the building permit will be considered approved and closed. After all inspections have been completed, a CERTIFICATE OF OCCUPANCY will be issued.
6. The permit fee will be due upon issuance of the permit. Work done prior to the issuance of a permit is billed at twice the normal cost.
7. The review and approval process will be completed as quickly as possible so you can proceed with your project.



**SOIL EROSION AND SEDIMENTATION CONTROL PERMITS ARE NECESSARY FOR AN EARTH CHANGE**

“Earth change” means a human-made change in the natural cover or topography of land, including cut and fill activities, which may result in or contribute to soil erosion or sedimentation of the waters of the state. Earth change does not include the practice of plowing and tilling soil for the purpose of crop production.

**WITHIN 500' OF A LAKE**

“Lake” means the Great Lakes and all natural and artificial inland lakes or impoundments that have definite banks, a bed, visible evidence of a continued occurrence of water, and a surface area of water that is equal to, or greater than, on acre. “Lake” does not include sediment basins and basins constructed for the sole purpose of storm water retention, cooling water, or treating polluted water.

**OR STREAM**

“Stream “ means a river, creek, or other surface watercourse that may or may not be serving as a drain as defined in Act No. 40 of the Public Acts of 1956, as amended, and which has definite banks, a bed, and visible evidence of the continued flow or continued occurrence of water, including the connecting waters of the Great Lakes, **OR WHICH DISTURBS ONE ACRE OR MORE OF LAND.**

**ENERGY SHEET - MICHIGAN 2015 RESIDENTIAL CODE**

Ceilings	R-38		
Walls	R-20		
Floors	R-30		
Basement Walls	R-10	inside cavity	R-13
Crawl Spaces	R-15	inside cavity	R-19

Blower door test is required on all new construction.

Permanent certificate shall be posted on or in electrical panel box of all R values of insulation installed and efficiencies of heating, cooling and water heating equipment.

ARTICLE XIII

SECTION 13.01 SCHEDULE OF DISTRICT REGULATIONS LIMITING HEIGHT, BULK, DENSITY AND AREA BY ZONING DISTRICT (A)\*

District	Minimum Lot Area (in acres)	Minimum Lot Size Width (in feet)	Minimum Yard Setbacks (B) (per lot in feet)			Maximum Height of Structures Stories	Maximum Height Feet (E)	Maximum Lot Coverage By Buildings	Minimum Floor Area Per Unit
			Front (C)	Minimum Side (D)	Total of Two				
Farms	10.0	200(C)	(F)	(F)	(F)	2(G)	25(G)	-	-
Single-Family Dwellings (R)	1.00(C2)	200(C)	100	20	40	2	25	30%	840
RESIDENTIAL: (R)									
Single-Family Dwellings:	1.00(C2)	200(C)	100	20	40	2	25	30%	840
Two-Family Dwellings (H)	2.00	200(C)	100	20	40	2	25	30%	840
Multiple Family Projects:	(I,J)	200(C)	100	25	50	2	25	30%	(K)
Mobile Home Park Developments (L)	-	-	-	-	-	2	25	-	-
GENERAL BUSINESS:			20(M,Q)	10(N)	20(N)	2	25	-	-
GENERAL INDUSTRIAL:			30(O,P,Q)	15(P)	30(P)	2	25	50%	-

FOOTNOTES TO THIS SCHEDULE ARE FOUND IN SECTION 13.02.