



Requirements for Obtaining a Building Permit

Residential Structures

- ✓ Building Permit Application
- ✓ One (1) set of plans that include the following:
 - Foundation and floor plans
 - Roof and wall section
 - Building elevations
 - Dimensions
 - Site Plan

Commercial Structures (New or changing use of existing)

- ✓ Building Permit Application
- ✓ Plan Review by Planning Commission when applicable.
- ✓ One set of stamped engineered/architectural plans and a pdf copy emailed to building@kawkawlintwp.org

Mobile and Pre-Manufactured Homes

- ✓ Building Permit Application
- ✓ Plans
- ✓ For Michigan approved pre-manufactured units; one (1) copy of the Building System Approval and the approved plans.

Completing the Application

Page 1: Complete all applicable sections. If the homeowner is doing the construction, enter "Homeowner" in the contractor information space. **CONTACT INFORMATION MUST BE PROVIDED.**

Page 2: Enter all applicable information.

Page 3: Section VI must be completed and **SIGNED** by the permit applicant. Estimated Cost of Construction **MUST** be provided.

Building Permit Fees

Building permit fees are calculated by the Building Inspector and are based on the estimated cost of construction. Once calculated, the Building Inspector will notify the applicant with the fee. The building permit will not be issued until the permit fee is paid in full.

When to call for an Inspection

Please call the Building Inspector directly at (989)798-6737 at least one 2 days prior to the time you need an inspection. A minimum of four (4) inspections are required on most structures. It is the **PERMIT HOLDER'S RESPONSIBILITY** to call for inspections prior to the construction being covered.

Foundation Inspections

Footing Inspection - Prior to placing concrete in piers, trenches, and formwork.

Backfill Inspection - Prior to backfill and after footings, wall, waterproofing, and drain tile are installed.

Rough Inspection

The rough inspection is to be made after the roof, all framing, fire stopping, bracing, electrical, mechanical, and plumbing rough installations are in place, and before the insulation is installed.

Final Inspections

The final inspection is to be made upon completion of the building or structure, and before occupancy occurs.

Certificate of Occupancy

A new building or a building that is altered shall not be used or occupied until a Certificate of Occupancy is issued by the code official. The permit holder or their authorized agent must request a Certificate of Occupancy upon the completion of the project. This request may be verbal; however it is recommended that a written request be sent in, which includes the building, electrical, mechanical, plumbing, boiler, and elevator permit numbers. A Certificate of Occupancy cannot be issued until all fees are paid, permits are finalized and the work covered by a building permit has been completed in accordance with the permit, the code, and other applicable laws and ordinances. If an electrical, mechanical or plumbing permit are not required, write "not applicable" on the request form in the appropriate space.

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Kawkawlin Township
1836 E Parish Rd.
Kawkawlin, MI 48631
(989) 686-8710

Parcel I.D. # _____

Permit # _____

Date Issued: _____

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP
BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL
STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		ZIP CODE
PROJECT DESCRIPTION				
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER				
C. CONTRACTOR/APPLICANT				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
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

IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL				
1. <input type="checkbox"/> ONE FAMILY	3. <input type="checkbox"/> HOTEL, MOTEL NO. OF UNITS _____	5. <input type="checkbox"/> STORAGE BUILDING, SHED or POLE BUILDING		
2. <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	4. <input type="checkbox"/> ATTACHED/DETACHED GARAGE	6. <input type="checkbox"/> OTHER _____		
B. NON-RESIDENTIAL				
7. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL		
8. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> STORE, MERCHANTILE		
9. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> TANKS, TOWERS		
10. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> PUBLIC UTILITY	18. <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.				
V. SELECTED CHARACTERISTICS OF BUILDING				
A. PRINCIPAL TYPE OF FRAME				
1. <input type="checkbox"/> MASONRY, WALL BEARING	2. <input type="checkbox"/> WOOD FRAME	3. <input type="checkbox"/> STRUCTURAL STEEL	4. <input type="checkbox"/> REINFORCED CONCRETE	5. <input type="checkbox"/> OTHER
B. PRINCIPAL TYPE OF HEATING ENERGY				
6. <input type="checkbox"/> GAS	7. <input type="checkbox"/> OIL	8. <input type="checkbox"/> ELECTRICITY	9. <input type="checkbox"/> COAL	10. <input type="checkbox"/> OTHER
C. TYPE OF SEWAGE DISPOSAL				
11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		12. <input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY				
13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		14. <input type="checkbox"/> PRIVATE WELL OR CISTERN		
E. TYPE OF MECHANICAL				
15. WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
F. DIMENSIONS/DATA				
17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT	_____	_____	_____
18. CONST. TYPE _____	1 ST & 2 ND FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	3 RD – 10 TH FLOOR	_____	_____	_____
	11 TH – ABOVE	_____	_____	_____
	TOTAL AREA	_____	_____	_____
G. NUMBER OF OFF STREET PARKING SPACES				
22. ENCLOSED _____		23. OUTDOORS _____		

I. ENERGY CODE COMPLIANCE	
24. AREAS OF CEILING	R – VALUES OF CEILINGS
25. AREAS OF SKYLIGHTS	U – VALUES OF SKYLIGHTS
26. AREAS OF WALLS	R – VALUES OF WALLS
27. AREAS OF WINDOWS	U – VALUES OF WINDOWS
28. AREAS OF DOORS	U – VALUES OF DOORS
29. AREAS OF BASEMENT WALLS	R – VALUES OF BASEMENT WALLS
30. AREAS OF FLOORS OVER UNCONDITIONED SPACE	R – VALUES OF FLOORS OVER UNCONDITIONED SPACE
31. AREAS OF CRAWL SPACE WALLS	R – VALUES OF CRAWL SPACE WALLS
32. FURNACE EFFICIENCY	
33. AIR CONDITIONING SEER RATING	

VI. APPLICANT INFORMATION	
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.	
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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
_____ OWNER	_____ CONTRACTOR _____ DESIGN PROFESSIONAL
<div style="border: 1px solid black; padding: 5px;"> 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. </div>	
SIGNATURE OF APPLICANT _____ DATE _____	
ESTIMATED COST OF CONSTRUCTION _____	Building Permit Fee _____ Sewer System Development Fee _____ Sewer Permit Fee _____ Drainage Review Fee _____ Plan Review Fee _____

VII. FOR DEPARTMENT USE			
A. SETBACKS			
ZONING DISTRICT _____	STREET YARD _____	STREET YARD _____	BACK YARD _____
	SIDE YARD(S) _____	SIDE YARD TOTAL _____	
	REQUIRED?	APPROVED	DATE
B. ZONING			
C. DRAINAGE REVIEW			
D. SOIL EROSION			
E. FLOOD PLAIN MGT.			
F. SEPTIC			
G. SIDEWALK			
H. DRIVEWAY			
I. OTHER _____			

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a site or plot plan.

The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc, under the Americans with Disabilities Act, you may make your needs known to this agency.

ONE STORY WALL SECTION

JOB: _____

DATE: _____

NAME: _____

ADDRESS: _____

SIGNATURE: _____

ATTC VENTILATION:
AREA TO VENT: _____
VENTS PROVIDED: _____

ROOF SHEATHING:
MATERIALS: _____
SPACING: _____
GRADE: _____

ROOF COVERING:
MATERIAL: _____
TYPE: _____
ICE/SHIELD: _____

DOUBLE TOP PLATE

EXTERIOR LOAD BEARING WALL STUDS:
MATERIALS: _____
SPACING: _____
SPECIES: _____

EXTERIOR SIDING:
MATERIALS: _____
THICKNESS: _____

CORNER BRACING:
MATERIALS: _____
THICKNESS: _____

WALL SHEATHING:
MATERIALS: _____
THICKNESS: _____

GRADE LINE
MIN. 8" FROM SILL

SILL PLATE:
TYPE: _____
SIZE: _____

SILL SEAL:
THICKNESS: _____
TYPE: _____

SILL TIES:
THICKNESS: _____
SPACING: _____
TYPE: _____

RAFTERS/PRE-ENGINEERED ROOF TRUSSES:
MATERIALS: _____
SPACING: _____
SPECIES: _____

CEILING INSULATION:
MATERIALS: _____
THICKNESS: _____
INSULATION (R): _____

INTERIOR CEILING COVERING:
MATERIALS: _____
THICKNESS: _____

INTERIOR WALL COVERING:
MATERIALS: _____
THICKNESS: _____

INSULATION
WALLS: _____
CEILING: _____
BSMT/CRAWL: _____

FLOOR SHEATHING:
TYPE: _____
THICKNESS: _____

FIRST FLOOR JOIST:
SIZE: _____
SPACING: _____
SPAN: _____
SPECIES: _____

FOUNDATION WALL:
HEIGHT: _____
THICKNESS: _____
MASONRY BLOCK: _____
POURED CONCRETE: _____
WATER PROOFING: _____
REINFORCEMENT: _____

BASEMENT FLOOR THICKNESS:
WIRE MESH: _____
VAPOR BARRIER: _____

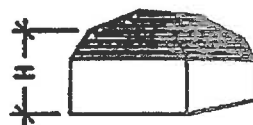
SPREAD FOOTING:
WIDTH: _____
THICKNESS: _____
DEPTH BELOW GRADE: _____
DRAIN TILE: _____



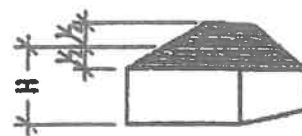
GAMBREL ROOF



GABLE ROOF



MANSARD ROOF



HIP ROOF

You must provide BUILDING HEIGHT _____ (mean height see above)

Residential Pole Barn

Appendix C

Roof Covering - _____

Roof Deck - _____

Trusses: Yes ☐ No ☐
 If no fill out rafter information below
 Truss/Rafter Block Size - _____

Rafter Size - _____

Rafter Spacing - _____

Ridge Size - _____

Ceiling Joist Size - _____

Pole Size - _____

Pole Spacing - _____

Ceiling Height - _____

Roof Peak Height - _____

Insulation Materials - _____

Finish Materials - _____

Carrier Size - _____

Wall Purlins - _____

Type of Siding - _____

Building Paper (Tyvek) - _____

Skirt Board Size - _____

Concrete Slab Floor Thickness - _____ Inches

All concrete footings shall be mixed with clean water outside of the hole.

Footing Height - _____ Inches

Footing Width - _____ Inches

Depth Below Grade - _____ Inches



Building Permit Background Information

Kawkawlin Township
1836 E Parish Rd.
Kawkawlin, MI 48631
(989) 686-8710

Please describe what you are intending to build:

Location

Project Address:

Property ID Number:

Subdivision Name:

Lot Number:

Current Zoning:

Structure Details

Type of structure(pick one): Residential/Residential Accessory building/Commercial /Industrial/Agricultural

Stories:

Building Height to Peak:

Sidewall Height:

Area to be Constructed, Added or Remodeled (specify in square feet)

Finished Area: 1st Floor:

2nd Floor:

3rd Floor:

Basement Area: Finished:

Unfinished:

Garage Area:

Deck Area:

Porch Area:

Covered Patio Area:

Other Area:

Electric Facilities

Meter Relocation (yes/no):

Breaker Upgrade (yes/no):

Heat Source: Gas

Electric

Other

AC Added/Replaced (yes/no):

AC Tons:

Total Construction Cost of Project:

General Information

Owner Name:

Contact Address:

Owner Phone:

Email Address:

General Contractor:

License #:

Electrical Contractor:

License #:

Plumbing Contractor:

License #:

Mechanical Contractor:

License #:

Person responsible for payment of permit fees, connection fees and metering costs:

Name:

Phone:

I hereby acknowledge that I have read this application, filled out in full the information required and have provided an accurate plot plan. I certify that all information submitted on this application is true and accurate to the best of my knowledge and agree to build this structure according to the Ordinances of Tittabawassee Township and all applicable Michigan Building Codes.

Signature of Applicant:

Date:



Soil Erosion and Sedimentation Permit Confirmation

Kawkawlin Township
1836 E Parish Rd.
Kawkawlin, MI 48631
(989) 686-8710

Applicant Information	
Project Address	Property ID Number:
Owner Name: (Please print)	Contact Address:
Email Address:	Phone:

You must contact Bay County Drain Office, Soil Erosion and Sedimentation Control Division to see if a permit (a.k.a. SESC Permit) is required. Their office is located at 515 Center Ave, Suite 601 Bay City, Michigan 48708. If a permit is required; the form can be obtained from their website:

www.baycountymi.gov/Docs/DrainComm/Drains%20Other/SESC%20Application%202025.pdf

Is an SESC Permit required for this project? Yes: _____ No: _____

If Yes, please provide the SESC Permit number and attach a copy of the permit.

Permit Number _____

If No, Please provide the name of the person you spoke with at the Bay County Drain office and the date you spoke with them below.

Name of Staff Person: _____ Date: _____

I certify that all information submitted on this application is true and accurate to the best of my knowledge.

Signature of Applicant:	Date:
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Approvals (for office use only)	
Reviewed by:	Date:
_____ Confirmation that project does not need SESC Permit	
_____ SESC Permit Provided	
Comments	