

**APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION  
ATLAS TOWNSHIP**

7386 S. Gale Rd., Grand Blanc, MI 48439  
P.O. Box 277, Goodrich, MI 48438  
(810) 636-6809 or FAX (810) 636-6244

Permit Number \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit Fee \_\_\_\_\_  
Date of Occupancy/Final \_\_\_\_\_

AUTHORITY: P.A. 230 of 1972, AS AMENDED	THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
COMPLETION: MANDATORY TO OBTAIN PERMIT	
PENALTY: PERMIT WILL NOT BE ISSUED	

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS  
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

LOCATION OF BUILDING			
STREET LOCATION			Zoning District
CITY	STATE	ZIP	OWNERSHIP: <input type="checkbox"/> Private <input type="checkbox"/> Public
between _____		and _____	
SUBDIVISION _____		LOT _____	BLOCK _____ LOT SIZE _____
HOMEOWNERS ASSOCIATION? YES / NO    ASSOCIATION NAME _____			

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> AMUSEMENT
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> TWO OR MORE FAMILY _____ NO OF UNITS	<input type="checkbox"/> CHURCH, RELIGION
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HOTEL, MOTEL _____ NO OF UNITS	<input type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> PARKING GARAGE
<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> POOL	<input type="checkbox"/> SERVICE STATION
<input type="checkbox"/> PRE-MANUFACTURE	<input type="checkbox"/> ATTACHED/DETACHED GARAGE	<input type="checkbox"/> OFFICE, BANK, PROFESSIONAL
<input type="checkbox"/> SPECIAL INSPECTION	<input type="checkbox"/> DECK	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> RELOCATION	<input type="checkbox"/> STORAGE SHED	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> POLE BUILDING	
<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHER _____	

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

CHARACTERISTICS OF BUILDING		
<b>PRINCIPAL TYPE OF FRAMING</b> <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 _____	<b>TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site septic)	<b>DIMENSIONS</b> No. of Stories _____ Total square feet of floor area of all floors _____ Total land area, sq. ft./acres _____
<b>PRINCIPAL TYPE OF HEATING FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on-site well)	<b>NUMBER OF OFF-STREET PARKING SPACES</b> Enclosed _____ Outdoors _____
	<b>TYPE OF MECHANICAL</b> Will there be central air? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESIDENTIAL BUILDINGS ONLY</b> Number of bedrooms _____ Number of full bathrooms _____ Number of partial bathrooms _____

VALUATION AND PERMIT FEE		
Use Group	Fee Basis	
Type of Construction	Construction Cost	
Square Feet _____	Construction Value _____	Permit Fee _____

**IDENTIFICATION - APPLICANT**

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

**OWNER OR LESSEE**

Name		Address	
City	State	Zip Code	Telephone Number

**ARCHITECT OR ENGINEER**

Name		Address	
City	State	Zip Code	Telephone Number
License Number			Expiration Date

**CONTRACTOR**

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		Policy No	Expiration
MESC Employer Number or Reason for Exemption			

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, GENESEE COUNTY AND **ATLAS** TOWNSHIP. 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. **Assessor to verify when complete.**

**SIGNATURE OF APPLICANT**

DATE

**Email Address for Inspection Updates:****PERMITS NEEDED TO SUBMIT WITH BUILDING PERMIT:**

- ☐ Approval by Planning Commission  
Date \_\_\_\_\_
- ☐ Approval by Zoning Board of Appeals  
Date \_\_\_\_\_
- ☐ Plot Plan
- ☐ On Site Septic/Tap-in
- ☐ Driveway
- ☐ Soil Erosion
- ☐ Energy Calculations

**OTHER PERMITS/APPROVALS REQUIRED:**

- ☐ Electrical Permit
- ☐ Mechanical Permit
- ☐ Plumbing Permit
- ☐ DNR Permit
- ☐ Other \_\_\_\_\_

**APPROVAL**

DATE



ZONING PLAN EXAMINERS NOTES

DISTRICT <sup>t</sup> \_\_\_\_\_

USE \_\_\_\_\_

FRONT YARD

SIDE YARD \_\_\_\_\_

SIDE YARD

REAR YARD

NOTES

**SITE OR PLOT PLAN – For Applicant Use**

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

300.330 - Swimming pools.

Sec. 3.30. No in-ground or above-ground swimming pool shall be permitted, nor shall any existing swimming pool be altered, without first obtaining a permit from the building inspector upon written application. The building inspector shall only grant a permit for a swimming pool which:

- (1) If it is an in-ground pool, it must have a fence of at least four feet in height, which encloses the pool totally. Any gate in this fence must be self latching.
- (2) If it is an above-ground pool, it must conform to the above fence restriction unless it has walls of at least four feet in height, with a safety gate or ladder which can be swung up when the pool is not in use to provide an effective four foot barrier.
- (3) All BOCA codes concerning pools must be followed.
- (4) If there is surface lighting for the pool, it must be directed away from all neighboring property.
- (5) There must be a filtering system, scum gutter or skimmer, or a recirculating system which can recirculate and filter the entire volume content of the pool within a 12-hour period.
- (6) There must be provision for germicidal or bacterial control by the use of chlorine, bromine, or other such disinfecting agents.
  - (a) Such disinfecting agents shall be applied to the pool water at a uniform rate.
  - (b) Provision shall be made for adjusting the application thereof so as to keep the germicidal or bacterial protection of the water in the pool equal to a standard of 0.5 parts per million chlorine residual.
  - (c) Testing devices capable of accurately measuring such residual shall be provided by the owner.
- (7) A pool shall be capable of being completely emptied, and all discharged water shall be disposed of in a manner approved of by the building inspector.
- (8) The swimming pool must be completed within six months from the issuance of the building permit.

# **ATLAS TOWNSHIP BUILDING DEPARTMENT**

## **Items required for building permit pole barns, garages, decks, porches etc.**

1. 1 complete set of construction documents.
2. Plot plan showing all setbacks including property lines location of well and septic, driveway, all other buildings and any other significant features.
3. Completed contractor's information form.
4. Name, address and phone number of property owner.
5. All restrictions and/or covenants that apply to property.
6. Application of building permit, filled out and applicable fees paid to Township.
7. Any electrical, plumbing and heating permits required/obtained through the State.
8. Soil Erosion permit or waiver from Drain Commission.

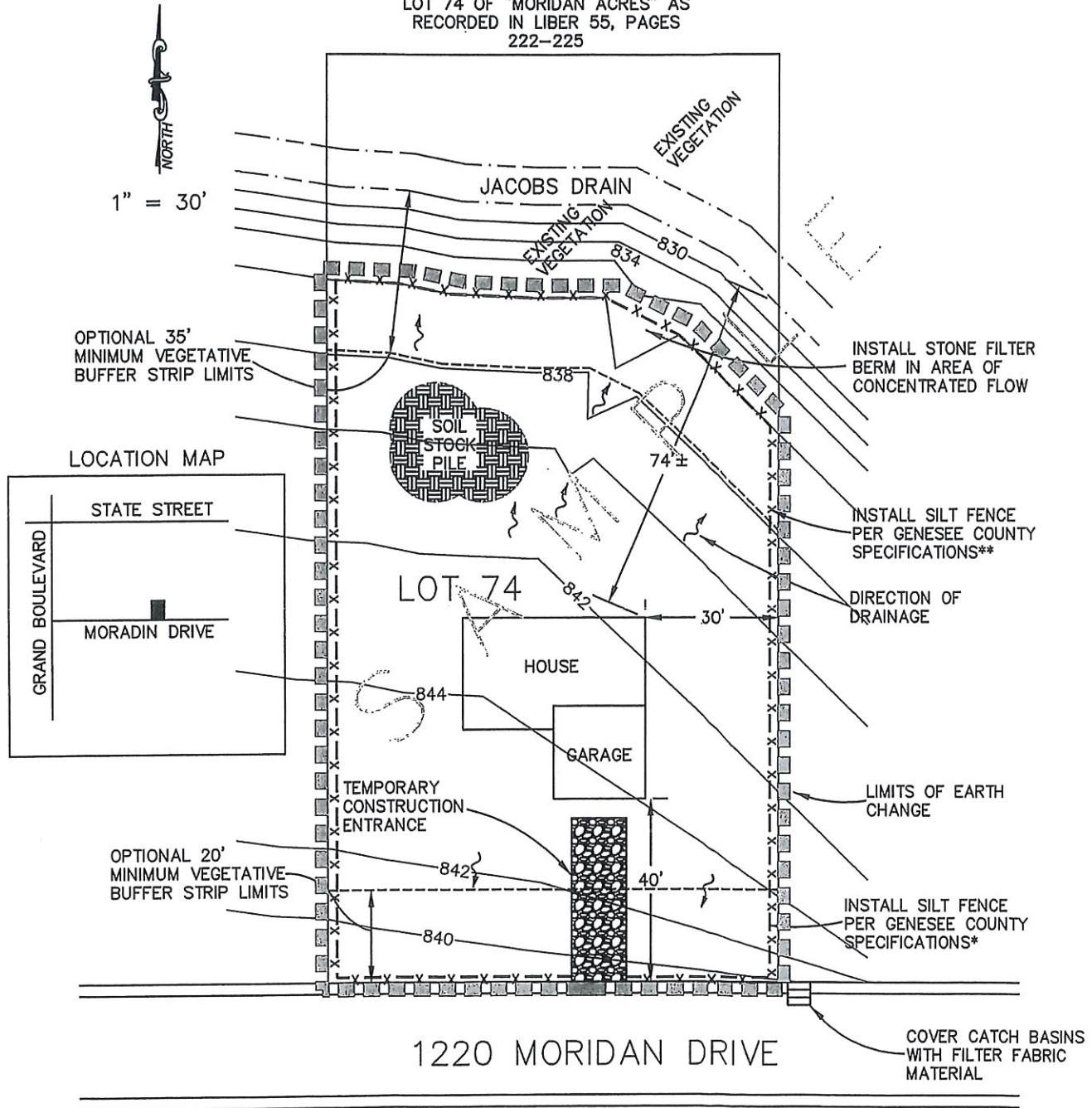
Contact Matt Hart @ 810-636-6809 for Inspections or email: [mhart@atlastownship.org](mailto:mhart@atlastownship.org)



# EXAMPLE SINGLE FAMILY HOME SITE PLAN

HOUSE PLOT PLAN FOR:  
JOE SMITH  
1111 MAIN STREET  
FLINT, MI 48503

LOT 74 OF "MORIDAN ACRES" AS  
RECORDED IN LIBER 55, PAGES  
222-225



\* SILT FENCE IS NOT NECESSARY SO LONG AS A MINIMUM THICK 20' VEGETATIVE BUFFER STRIP IS MAINTAINED DURING CONSTRUCTION.

\*\* SILT FENCE IS NOT NECESSARY SO LONG AS A MINIMUM THICK 35' VEGETATIVE BUFFER STRIP IS MAINTAINED ALONG ALL WATERS OF THE STATE DURING CONSTRUCTION.

# ATLAS TOWNSHIP ZONING & SETBACKS

RA- 3 acre minimum & 185ft. of frontage  
Setbacks- 25' side, 50' rear

RSA- 1 acre minimum & 150 ft. of frontage  
Setbacks- 10' side, 25' rear  
(unless curb & gutter 125 ft. of frontage)

All buildings must be in the rear or side yard setbacks,  
none allowed in the front yard, unless a variance is applied  
for and approved.

Section line- 90' setback, 100 row

Quarter section- 70' setback, 80 row

Local- 55' setback, 66 row

Minimum dwelling size is 1100 sq. ft. with a minimum of  
800 sq. ft. ground floor area and 25% basement area.

NOTE: This is a quick view of the zoning requirements  
and setbacks. For a complete and detailed list of all  
requirements, please refer to the zoning code.



G-4610 Beecher Road Flint, MI 48532  
 Phone (810) 732-7870 Fax (810) 732-9773  
[www.qcdcwws.com](http://www.qcdcwws.com)

#### OFFICE USE ONLY

Permit Number
Date Issued
Expiration Date
File Number

**\*\*This does not constitute as the permit.**

### RESIDENTIAL SOIL EROSION & SEDIMENTATION CONTROL PERMIT APPLICATION

#### 1. APPLICANT (Please check if applicant is the landowner or designated agent\*)

<input type="checkbox"/> Landowner <input type="checkbox"/> Designated Agent	NAME:	EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP: PHONE:

#### 2. LOCATION

SECTION	Township - T__N Range - R__E	<input type="checkbox"/> CITY <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> VILLAGE	PROPERTY TAX ID #
SUBDIVISION:	LOT #	STREET ADDRESS:	

#### 3. PROPOSED EARTH CHANGE

Project Type: Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Land Balancing <input type="checkbox"/> Commercial <input type="checkbox"/>		
Describe Project		Size of Earth Change (Acres, Linear feet or square feet)
Name of and distance to nearest Lake, Stream, or Drain	Date Project to start	Date Project to be complete

#### 4. SOIL EROSION AND SEDIMENTATION CONTROL PLAN (Refer to Rule 323.1703 of Part 91)

<b>Note: Two complete set of plans must be provided prior to issuance of a permit. Submit one copy for review.</b>	Estimated Cost of Erosion and Sedimentation Control	
	Plan Preparer's Name	Phone #

#### 5. PARTIES RESPONSIBLE FOR EARTH CHANGE

Name of Landowner (if not provided in Box. 1 above)		Address		
Email:				
City	State	Zip	Phone #	
Name of Individual "On Site" Responsible for Earth Change			Company Name	
Email:				
Address	City	State	Zip	Phone



**6. PERFORMANCE DEPOSIT** (If required by the permitting agency)

Amount Required \$:				
Name of Surety Company:				
Address	City	State	Zip	Phone

Note: If an individual homeowner/landowner (owning not more than 2 lots) is undertaking an earth change on their residential property or single family lot, a security may be required at the discretion of GCDC-WWS. If no security is required, the homeowner/landowner shall provide written authorization allowing GCDC-WWS to enter onto their property and perform any necessary work to gain Part 91 compliance in the event the site is in noncompliance. The homeowner/landowner must also acknowledge in writing that a lien will be placed on their property for the cost of the work done by GCDC-WWS.

When a contractor is performing the work, a security is required in the amount of \$3,000.00 per acre/or part of, shall be posted and retained until such time as the SESC permit is considered closed by GCDC-WWS.

**7. NOTICE TO APPLICANT**

I understand that if a soil erosion and sedimentation control permit OR a waiver of a soil erosion and sedimentation control permit is issued, the above-mentioned property is not exempt from enforcement procedures under Part 91, of Act No. 451 of the Public Acts of 1994, as amended, being MCL § 324.32501 *et. seq.*

I hereby acknowledge that if a soil erosion and sedimentation control permit OR a waiver of a soil erosion and sedimentation control permit is issued, I hereby voluntarily grant the employees of the Genesee County Drain Commissioner's Office, Division of Water and Waste Services, or their designated agents permission to enter onto my property as set forth herein to ensure that the project conforms to the reason stated above as to why the proposed project qualifies for a soil erosion and sedimentation permit waiver. I further understand that if I revoke my consent for the employees of the Genesee County Drain Commissioner's Office, Division of Water and Waste Services, or their designated agents to enter onto the property set forth herein, the permit waiver is automatically revoked, I will need to resubmit a new soil erosion and sedimentation permit application or waiver certification, and I must cease all earth moving activities on the property.

I further understand that if I continue to perform earth moving activities on the property after revoking my consent for the employees of the Genesee County Drain Commissioner's Office, Division of Water and Waste Services, or their designated agents to enter onto the property set forth herein, I may be subject to one or more of the enforcement procedures set forth in Part 91 of Act No. 451 of the Public Acts of 1994, as amended, and the administrative rules promulgated thereunder, including, but not limited to, being issued a civil infraction citation, having an injunction issued to prevent any further earth moving activities on the aforementioned property, the right of the Genesee County Drain Commissioner's Office, Division of Water and Waste Services or its agents to enter onto my property to install soil erosion and sedimentation control procedures and lien the property for all costs associated with installing the soil erosion and sedimentation control procedures, and/or the forfeiture of any security submitted in the amount required to bring the property into compliance with Part 91 of Act No. 451 of the Public Acts of 1994, as amended.

I hereby acknowledge that the information contained herein is truthful and accurate to the best of my knowledge. I understand that if I knowingly make any false statement in this application it may result in a civil fine of not more than \$10,000.00 per day for each violation.

I (we) affirm that the above information is accurate and that I (we) will conduct the above-described earth change in accordance with Part 91, Soil Erosion and Sedimentation Control, of the Natural Resource and Environmental Protection Act, 1994 PA 451, as amended, applicable local ordinances, and the documents accompanying this application.

Landowner's Signature	Print Name	Date
Designated Agent's Signature*	Print Name	Date

- Designated agent must have a written statement from landowner authorizing him/her to secure a permit in the landowner's name.

**OFFICE USE ONLY**


LOG NO: \_\_\_\_\_

DATE: \_\_\_\_\_

**Genesee County Drain Commissioner Division of Water and Waste Services**  
**RESIDENTIAL Soil Erosion and Sedimentation Control Plan Submittal Checklist**

**All SESC plans submitted to this office shall at a minimum be accompanied by the following information.**

1. \_\_\_\_ Soil Erosion and Sedimentation Control application review fee. Fee schedule is listed below. Checks shall be payable to the Genesee County Drain Commissioner's Office.  
Application Review Fee  
Single Family Residential:       \$ 35.00
2. \_\_\_\_ Legal description, tax I.D. number and/or survey of site.
3. \_\_\_\_ A SESC site plan (scale of not more than 1"=200' on 24"x36" sheets) of the property with the items below clearly labeled :(Residential can be submitted on letter or legal paper)
  - A. \_\_\_\_ Name and address of Applicant. Name and address of landowner.
  - B. \_\_\_\_ Project Name, location, proximity to waters of the State (lake, stream, drain, wetlands) and (the 100 year floodplain contour for those waters for commercial applications only).
  - C. \_\_\_\_ Location map, NORTH arrow and drawing scale.
  - D. \_\_\_\_ Limits of earth change delineated and clearly labeled.
  - E. \_\_\_\_ Existing and proposed contours. If unchanged so state.
  - F. \_\_\_\_ Existing and proposed on-site and off-site (within drainage area of earth change) drainage and dewatering facilities including temporary dewatering shall be clearly labeled and identified.
  - G. \_\_\_\_ Predominant land features shall be labeled on the drawings. (Buildings, rivers, streams, etc.)
  - H. \_\_\_\_ Existing on-site vegetation (type and location).
  - I. \_\_\_\_ Soil stock pile locations.
  - J. \_\_\_\_ Description of installation and location of all temporary and permanent erosion control measures, with measures clearly drafted and labeled with the (Michigan Unified Keying System and GCDC-WWS Specifications for commercial applications only).
  - K. \_\_\_\_ A program proposal for the continued maintenance of all permanent soil erosion and sediment control measures that remain after project completion.



L. \_\_\_ Person responsible for continued maintenance once permit is closed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

4. \_\_\_ A topographic map with the affected area clearly labeled.
5. \_\_\_ Existing soils information, with project area clearly labeled. (Soils Map)
6. \_\_\_ A completed Soil Erosion and Sedimentation Control application.
7. \_\_\_ A completed construction and maintenance schedule including a plan for permanent stabilization.
8. \_\_\_ A copy of any submitted MDEQ permit applications (as applicable) required for completing earthwork within the boundaries of waters of the state.
9. \_\_\_ A copy of sedimentation basin capacity calculation for sites that require sedimentation basins. (This may not be required for Residential Properties)

**I hereby certify that the above information has been provided with the submitted plans.**

Name of Party Preparing Checklist: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

This application review packet will be reviewed for completeness within 5 business days of being received. If the application review packet is found to be incomplete it will be returned in its entirety to the entity that made the submission.

Dated Received: \_\_\_\_\_

Is this application complete? YES ☐ NO ☐

Dated Verified: \_\_\_\_\_

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**SESC Detailed Review:**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Project Engineer Authorization to issue SESC Permit: \_\_\_\_\_  
(Commercial SESC ONLY)

Date: \_\_\_\_\_

**Note: It is necessary to submit only one set of plans for review**

**REVIEWER COMMENTS:**

# SESC CONSTRUCTION AND MAINTENANCE SCHEDULE

Project Name: \_\_\_\_\_  
 Anticipated Start Date: \_\_\_\_\_  
 Anticipated End Date: \_\_\_\_\_

## Construction Schedule

Construction Sequence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Notes
Temporary SESC Measures													
Building Demolition													
Strip and Stockpile													
Rough Grading													
Underground Utilities													
Road Installation													
Building Construction													
Permanent SESC Measures													
Final Grade													
Landscaping													

## Maintenance Schedule

Maintenance Sequence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Notes
Street Sweeping													
Silt Fencing													
Maintain Buffer Strips													
Inlet Structures													
Seeding and Mulch													
Sediment Basins													
Rip-Rap													
Remove Temporary Measures													

## Seeding and Planting Schedule

**Temporary:** (Refer to Tables 4 & 6 in MDEQ "Guidelines for Vegetative Erosion control" included with this packet)

Area on Plan	Mix #	Common Name	Natural Drainage Class Suitability	Suitable Uses	Rate lb/acre

**Permanent:** (Refer to Tables 4 & 6 in MDEQ "Guidelines for Vegetative Erosion control" included with this packet)

Area on Plan	Mix #	Common Name	Natural Drainage Class Suitability	Suitable Uses	Rate lb/acre

**Trees and Shrubs:** (Refer to Table 7 in MDEQ "Guidelines for Vegetative Erosion control" included with this packet)

Area on Plan	Quantity	Common Name	Scientific Name	Drainage Class	Notes



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# EXAMPLE SINGLE FAMILY HOME SITE PLAN MINIMUM GUIDE FOR RESIDENTIAL SESC APPLICATION

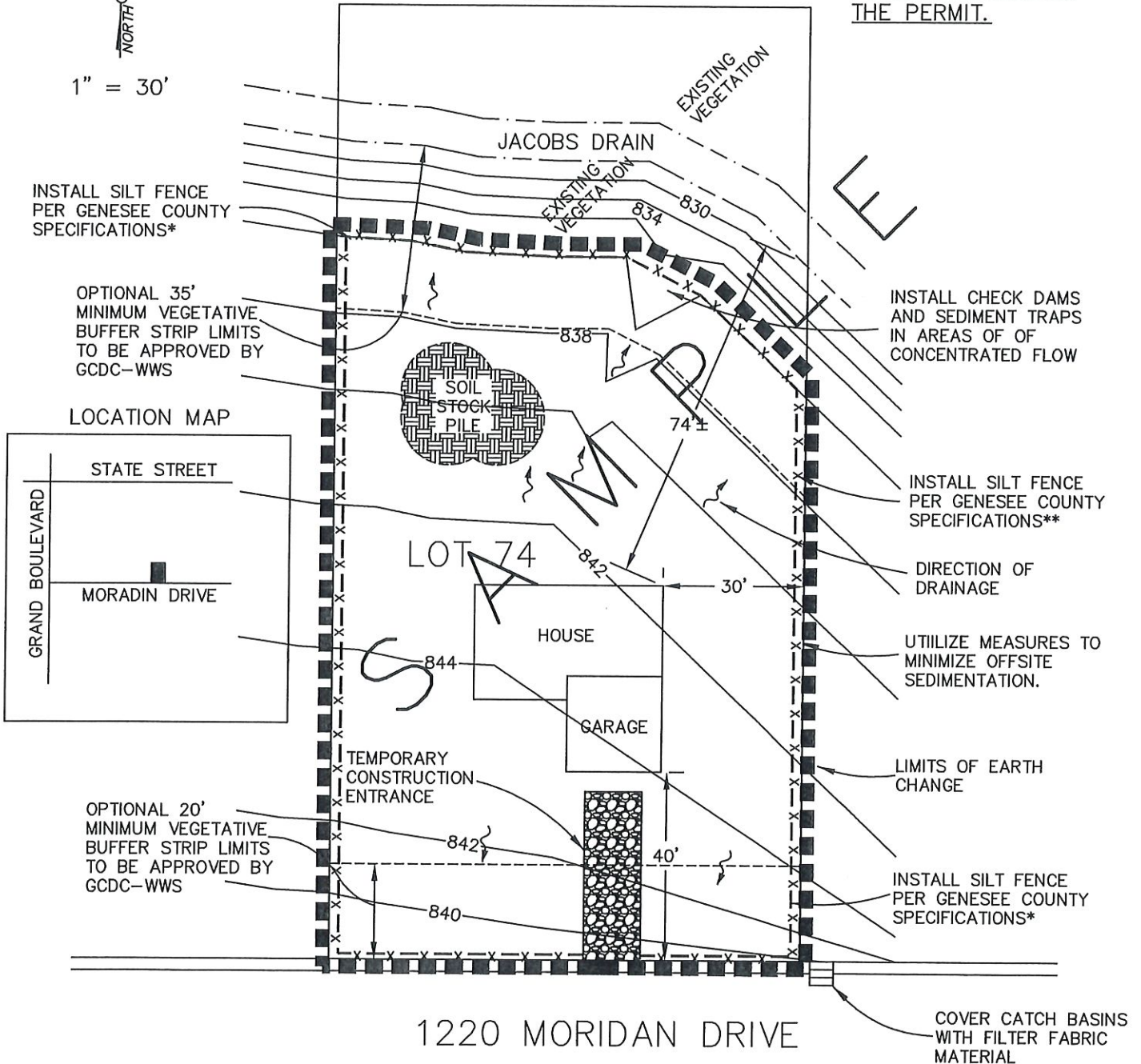
HOUSE PLOT PLAN FOR:  
JOE SMITH  
1111 MAIN STREET  
FLINT, MI 48503

LOT 74 OF "MORIDAN ACRES" AS  
RECORDED IN LIBER 55, PAGES  
222-225

NOTE: THIS EXACT  
EXAMPLE PAGE IS NOT  
TO BE INCLUDED IN  
THE PERMIT.



1" = 30'



\* SILT FENCE IS NOT NECESSARY SO LONG AS A MINIMUM THICK 20' VEGETATIVE BUFFER STRIP IS MAINTAINED DURING CONSTRUCTION.

\*\* SILT FENCE IS NOT NECESSARY SO LONG AS A MINIMUM THICK 35' VEGETATIVE BUFFER STRIP IS MAINTAINED ALONG ALL WATERS OF THE STATE DURING CONSTRUCTION.

NOTE: THE WIDTH OF THE VEGETATIVE BUFFER STRIPS WILL BE MODIFIED PER ON-SITE CONDITIONS AND BE APPROVED BY GCDC-WWS.