

# NELSON TOWNSHIP

## APPLICATION FOR BUILDING PERMIT

2 E. MAPLE ST., PO BOX 109, SAND LAKE, MI 49343  
616-636-4999 fax: 616-636-4452

### BUILDING INSPECTOR

Casey Patterson  
616-636-4999  
Mon 10-11am  
buildinginspector@nelsontownship.org

### ELECTRICAL INSPECTOR

James Thorington  
616-225-6502

### PLUMBING & MECHANICAL INSPECTOR

Jeff Biegalle  
616-438-5957

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

BUILDING SITE ADDRESS: \_\_\_\_\_ PP # 41-03-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

BETWEEN WHAT CROSS STREETS: \_\_\_\_\_ AND \_\_\_\_\_

APPLICANT/CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE/CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME IF DIFFERENT THAN ABOVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### BUILDING INFORMATION

LOT SIZE: \_\_\_\_\_ SQUARE FOOT OF BUILDING: \_\_\_\_\_

BUILDING DIMENSIONS: \_\_\_\_\_ FT WIDE BY \_\_\_\_\_ FT LONG \_\_\_\_\_ FT HIGH

ESTIMATED COST: \$ \_\_\_\_\_ TYPE OF BUILDING: \_\_\_\_\_  
(house, garage, pole bldg, etc)

TYPE OF FOUNDATION: \_\_\_\_\_

# NELSON TOWNSHIP BUILDING DEPARTMENT

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

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 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, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Application Date

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## Local governmental agency to complete this section below

### Environmental control approvals

Zoning \_\_\_\_\_  
Soil Erosion \_\_\_\_\_  
Flood Zone \_\_\_\_\_  
Water Supply \_\_\_\_\_  
Septic System \_\_\_\_\_  
Variance Granted \_\_\_\_\_  
Other \_\_\_\_\_

### Approved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Permit # \_\_\_\_\_

Issue Date \_\_\_\_\_

Permit Fee \_\_\_\_\_

### Approved by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

# NELSON TOWNSHIP BUILDING DEPARTMENT

## HOMEOWNER AFFIDAVIT

In compliance with P.A. 383 of 1965 (Residential Builders, Maintenance and Alteration Contractors Law), and amendment of Section 16A, By P.A. 153 of 1967.

STATE OF MICHIGAN

COUNTY OF KENT

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address)  
\_\_\_\_\_, \_\_\_\_\_  
(City, State, Zip) (Phone #)

Hereby execute this affidavit for the attached permit # \_\_\_\_\_ testifying to a legal exemption for a license number as prescribed in the above Public Act and Amendment.

By signing this statement, I assume the following responsibilities:

1. The work regulated by this permit must meet zoning and building code regulations. If a violation exists, the **Holder of the Permit** must improve it to acceptable standards.
2. All insurance liability is assumed by the **Permit Holder**.
3. The responsibility for injury to workers also falls on the Permit Holder as homeowner's policies **Do Not** normally cover worker's compensation claims.
4. All electrical, mechanical and plumbing work done under the attached permit will be done personally by me.
5. The construction work covered by this permit will be for my own use or occupancy and will be located on property owned by me.

Signed \_\_\_\_\_

Witness \_\_\_\_\_



**NELSON TOWNSHIP**

**TO ALL CONTRACTORS WORKING IN NELSON TOWNSHIP**

All contractors are required to register their new license each year. This registration form should be read, signed and returned. This contractor is aware of the following Nelson Township requirements:

1. A copy of the contractor's license must accompany this registration.
2. Only registered licensed contractors can obtain permits.
3. Permit is required prior to commencement of work.
4. Proper street address obtained from Kent County Road Commission must be on all permits and be used when requesting inspections.
5. Permit is valid only when received and accepted by inspection personnel.
6. No work shall be covered or concealed without inspection and approval.
7. Each contractor is responsible for arranging his own inspections.
8. Final inspections and Certificate of Occupancy is required for all projects before occupancy occurs.
9. Homeowners can obtain a Homeowner Permit for a single-family dwelling in which he lives or is about to occupy for not less than one (1) year.
10. This registration may be revoked by Nelson Township if at any time code or ordinance violations are not corrected within 30 days.

License Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_

License Holder's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mobile/Cell Phone # \_\_\_\_\_

Contractor's License # \_\_\_\_\_ License Expires \_\_\_\_\_

Contractor's License Issued by \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Workman's Comp carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal ID # \_\_\_\_\_ MESC # \_\_\_\_\_

**PLEASE REMIT PAYMENT TO:**

**NELSON TOWNSHIP  
2 E. MAPLE ST., P.O. BOX 109  
SAND LAKE, MI 49343**

**NELSON TOWNSHIP  
KENT COUNTY, MICHIGAN**

**NELSON TOWNSHIP**  
2 E. MAPLE ST., PO BOX 109, SAND LAKE, MI 49343  
616-636-4999 fax: 616-636-4452

**Michigan Energy Code**

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

Type of Structure: \_\_\_\_\_

Job Address: \_\_\_\_\_

\_\_\_\_\_

Attic Insulation: \_\_\_\_\_ inches (blown-in or batt) R value \_\_\_\_\_

Sidewall Insulation: \_\_\_\_\_ inches (blown-in or batt) R value \_\_\_\_\_

Home will have thermal windows:  Double  Triple pane

Wall Sheathing type: \_\_\_\_\_

This structure meets Energy Code Requirements

\_\_\_\_\_  
Builder

\_\_\_\_\_  
Date

**\*\*More documentation may be required to ensure compliance with Michigan Energy Codes\*\***

# NELSON TOWNSHIP BUILDING ZONING APPLICATION

2 E. MAPLE ST., PO BOX 109, SAND LAKE, MI 49343  
616-636-5332 fax: 616-636-4452

The Zoning Application must be filled out completely and must be approved before a building permit will be issued. Use the attached page to draw a site plan showing the following items:

1. Dimension of the lot and/or acreage (all sides)
2. The location, with distances to the lot lines, of existing and proposed structures
3. The dimensions of all existing and proposed structures
4. The distance between all existing structures
5. The location of all roads bordering or on the property
6. The location of any power or gas lines on the property
7. The location of any lakes, rivers, stream or wetlands on or near the property
8. The location of any easements on the property
9. The location of septic and drain field
10. An arrow indicating direction of north

Set Backs: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side (a) \_\_\_\_\_ (b) \_\_\_\_\_

Lot dimensions: \_\_\_\_\_ Area: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Permanent Parcel # 41-03-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Description of proposed use \_\_\_\_\_  
\_\_\_\_\_

## Zoning Approval (office use only)

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NELSON TOWNSHIP BUILDING SITE PLAN

**An accurate drawing showing the lot and distance to the various lot lines from buildings, on parcels that meet the requirements of the zoned area. Homes must have a minimum of 900 sq ft. of living space.**

Site Plan Diagram