

Marathon TOWNSHIP

Marathon Township Building Department
4575 Pine St. · PO Box 457 · Columbiaville, MI 48421
Ph: 810.793.2002 · Fax: 810.793.8844
www.marathontwp.com

Building Permit Information

- Permits are available at the Township Hall during regular business hours
- To obtain a Building Permit you will need the following:
 - A. **Culvert Permit/Right-of-way Permit:** Lapeer Co. Road Commission (810) 664-8323
 - B. **Septic Permit-** Lapeer County Health Department (810) 667-0392
 - C. **Well Permit-** Lapeer County Health Department (810) 667-0392
 - D. **Soil Erosion Permit** (if applicable) Lapeer County Road Commission (810) 664-8323
 - E. **Proof of Ownership:** Land Contract, Warranty Deed, or Tax Receipt
 - F. **Wet Land Permits:** Contact MDEQ at (517)-625-4668
- All other Permits including Address and Zoning are available at the Township Hall.
- Construction Drawing Requirements:

Commercial/Industrial: 3 complete sets, with all Engineering, Specifications, Energy Calculations, Flood Plain "Bench" Elevation and Seal.

Single-Family, Multi-Family, Additions, and Accessory Buildings- 2 complete sets of drawings, including the following:

- A. Floor Plan
- B. Elevation
- C. Cross Section
- D. Foundation Detail
- E. Footing Detail
- F. Engineering Print for all engineered wood products, Roof Trusses, Lam-Beams, etc.
- G. Engineering details for all Wood Foundations
- H. Fireplace cross-section for all Natural Fireplaces
- I. Energy Calculations sufficient to ensure compliance with the State Energy Code
- J. Flood Plain, . Bench Elevation., if applicable

The Building Department may require a minimum of 48 hours for the review of construction drawings, or for the review of both Building and/or Zoning Applications.



Building Permit Application

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Job Site _____ N S E W Side of Road

Cross Roads _____ and _____

Permit To: New Alter/Remodel Demo/Raze Code Compliance

Other (describe): _____

Permit To:

<input type="checkbox"/> Single-Family Dwelling	<input type="checkbox"/> Single-Family w/Attached Garage
<input type="checkbox"/> Addition	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Deck/Porch <input type="checkbox"/> Pre-Manufactured
<input type="checkbox"/> Garage w/Breezeway	<input type="checkbox"/> Sign <input type="checkbox"/> Pool
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other _____

Permit To:		
Foundation Type	Construction Information	Required Permits
<input type="checkbox"/> Basement Block/Foam	Deck Square Footage _____	<input type="checkbox"/> Septic _____
<input type="checkbox"/> Basement Poured	Accessory Building Sq. Ft. _____	<input type="checkbox"/> Sewer _____
<input type="checkbox"/> Basement Wood/Steel	Building Height _____	<input type="checkbox"/> Driveway _____
<input type="checkbox"/> Reinforced Mat	Living Area Sq. Ft. _____	<input type="checkbox"/> Soil Erosion _____
<input type="checkbox"/> 42" Pole Footing	Garage Sq. Ft. _____	<input type="checkbox"/> Flood Plain _____
<input type="checkbox"/> Crawl Space Block	Number of Stories _____	<input type="checkbox"/> Well _____
<input type="checkbox"/> Crawl Space Wood	Number of Bedrooms _____	<input type="checkbox"/> Wetlands _____
<input type="checkbox"/> Piers	Number of Bathrooms _____	
<input type="checkbox"/> OTHER _____	Masonry Fireplace _____	
	Masonry Exterior Finishes _____	

Estimated Value of Construction:

\$ _____

Commercial Square Footage _____ Occupancy Load _____

CONTINUE APPLICATION ON NEXT PAGE ▶ ▶ ▶

BOX BELOW FOR OFFICE USE ONLY

Plan Review _____ Date _____ No. of Inspections _____

Use Group _____ Construction Type _____ Occupancy Load _____

PERMIT APPROVED BY: _____ DATE: _____

Remarks _____

NOTICE

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN THIS PERMIT WITHIN SIX (6) MONTHS OF THE APPLICATION DATE OR THE PRINT(S) AND APPLICATION WILL BE DISCARDED. ARRANGEMENTS MAY BE MADE FOR SPECIAL CIRCUMSTANCES.

PLEASE INITIAL _____

Due to the potential for a utility hazard, the following information **MUST** be provided:

1. Will footings be trenched near poles, guy wires, anchors? YES NO
2. Will any structure be built under or near overhead lines? YES NO
3. Are there any overhead or underground wires on site? YES NO
4. Will any wells be drilled under or near overhead wires? YES NO
5. Will any antenna be erected on the property which would be in conflict with power lines in a standing or free falling situation? YES NO
6. Will any trees be cut which are in proximity of overhead wires? YES NO

If you answered Yes to any of the above questions, you must contact your local utility company.

- THE PROPERTY OWNER OR CONTRACTOR COULD HAVE PERSONAL LIABILITY IN THE EVENT OF INJURY OR FATALITY INVOLVING CONSTRUCTION CLOSE TO EDISON LINES.
- THE PROPERTY OWNER OR CONTRACTOR MUST CONTACT **MISS DIGG 1-800-482-7171** BEFORE EXCAVATING.
- NORMAL LEAD TIME REQUIRED TO RELOCATE EDISON FACILITIES, OR PROVIDE A LINE EXTENSION IS SIX (6) WEEKS AFTER ALL RIGHT-OF-WAY OR OTHER AGREEMENT AND ANY PAYMENTS HAVE BEEN FINALIZED WITH THE PROPERTY OWNER.

The Detroit Edison Company maintains electric distribution facilities in this area. They will provide electric service subject to the rules of the Michigan Public Service Commission in effect at that time.

PROPERTY OWNER INFORMATION (please print)

Property Owner Name _____ Phone () _____
Current Address _____ City _____ State _____ Zip _____
Owner Driver's License # _____ or Date of Birth _____

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.
I _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE _____ DATE _____

CONTRACTOR / AGENT INFORMATION (please print)

Contractor Name on License _____ Phone () _____
Contractor License Number _____ Expiration Date _____
Current Address _____ City _____ State _____ Zip _____
Federal I.D. Number (or reason for exemption) _____
Workman's Comp. Carrier (or reason for exemption) _____
MESC Number (or reason for exemption) _____

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SIGNATURE _____ DATE _____

ARCHITECT OR ENGINEER INFORMATION (please print)

Name _____ Phone () _____
Current Address _____ City _____ State _____ Zip _____
Signature _____ Date _____

Plan Review Ledger

an Review Number _____

Date	Check No.	To	Type	Amt. of Deposit	Check	Balance

Plan Review Checklist

	Initial	Revision#1	Revision#2
Approved Site Plan			
Building			
Barrier Free Design			
Electrical			
Plumbing			
Mechanical			
Underground(ifapplicable)			
Fire Suppression(ifapplicable)			

PLAN REVIEW

Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

Two (2) sets of construction documents are required with each application for plan examination.

- | | | | |
|---|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Building (includes barrier free) | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Footing / Foundation | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Other | |

AFFIDAVIT

I, _____ (name), _____ (title) attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE

DATE

BUILDING PLAN REVIEW REQUIREMENTS

In order to perform a thorough Building Plan Review, the following specifications, drawings and details should be submitted:

1. Complete signed and sealed (as required by applicable laws) architectural plans, structural plans and material specifications of all work.
2. A site plan including the following information:
 - a. Size and location of all new construction and all existing structures on the site.
 - b. Distances from lot lines and any existing buildings or structures.
 - c. Established street grades and proposed finish grades.
3. Architectural plans and specifications to include:
 - a. Description of uses and the proposed occupancy group(s) for all portions of the building. The design approach for mixed-uses (as applicable).
 - b. Proposed type of construction of the building.
 - c. Fully dimensioned drawings to determine building areas and height.
 - d. Adequate details and dimensions to evaluate means of egress, including occupant loads for each floor, exit arrangement and sizes, corridors, doors, stairs, etc.
 - e. Exit signs/means of egress lighting, including power supply.
 - f. Accessibility scoping provisions.
 - g. Description and details of proposed special occupancies such as a covered mall, high-rise, mezzanine, atrium, public garage, etc.
 - h. Adequate details to evaluate fire resistive construction requirements, including data substantiating required ratings.
 - i. Details of plastic, insulation, and safety glazing installation.
 - j. Details of required fire protection systems.

4. Structural plans, specifications, and engineering details to include:

- a. Soils report indicating the soil type and recommended allowable bearing pressure and foundation type.
- b. Signed and sealed structural design calculations which support the member sizes on the drawings.
- c. Local design load criteria, including: frost depth; live loads; snow loads; wind loads; earthquake design data; other special loads.
- d. Details of foundations and superstructure.
- e. Provisions for required special inspections.
- f. Applicable construction standards and material specifications (i.e., masonry, concrete, wood, steel, etc.)

BUILDING PERMIT REQUIREMENTS- Residential New Construction

If the following checklist is not completed, your permit application will not be processed

___ Completed Building Permit application (payment due at pick up)

___ Two (2) printed sets of construction plans showing all elevations, foundation, wall section, floor plans, for ALL levels. ***All homes with 3500 sq ft or more "livable" space must have stamped/sealed architectural plans.***

Decks are **NOT** automatically included. You must indicate that you are constructing a deck on your application.

PDF copies of your plans can be emailed to building@marathonwp.com

___ ENGINEERED GRADE PLAN REQUIRED with the checklist. Your grade plan must match your construction plans, and must be stamped/sealed by civil engineer

ALL LAKE LOTS REQUIRE AN ASBUILT PRIOR TO FINAL GRADE INSPECTION

*Flood Plain Certificates are required if you are building on a lake, channel, or river. Your finished floor must be above the "flood plain". You should contact your local land surveyor for "flood plain" information and/or certificates.

___ Detailed site plan showing all front, rear, and side set backs

___ Michigan Uniform Energy Code information - ResCheck preferred

___ Soil Erosion permit issued by Lapeer County Health Dept. (810) 661-0392
(permit application enclosed)

___ Driveway permits are issued by the Lapeer County Road Commission (810) 664-6272
(permit application enclosed)

___ Well permit issued by Lapeer County Health Dept. (810) 661-0392

___ Septic permit issued by Lapeer County Health Dept. (810) 661-0392

