

BUILDING & ZONING PERMIT APPLICATION
CITY OF SOUTH HAVEN
BUILDING DEPARTMENT
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090
FOR INFORMATION CALL 269-277-8573

**Incomplete Forms Will NOT be
Approved or Processed**

Project Address: _____

Tax ID 80-53-_____ (If property is part of a PUD or condominium development, confirmation of parcel number from the Assessing Department is required)

Applicant: _____ Property Owner: _____

Appl. Address: _____ Owner Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Appl. Email address _____ Owner Email address _____

Applicant Phone: _____ Owner Phone: _____

Current Use of Property: _____ Zoning District of Property _____

Project Description: _____

Contractor: _____ Lic. No. _____

Liability Carrier: _____ Ins. Exp. Date _____ Fed ID orSS#: _____

Total Value of Construction (Materials and Labor, Building Permit Only): _____

Is property subject to an association? Yes ____ No ____ (If yes, attach letter from association)

Is property currently served with city water and sanitary sewer connections? (Letter from city engineer req'd.)

I hereby authorize the Zoning Administrator, Building Inspector or other authorized representative of the City of South Haven to enter and inspect the above property for the purpose of inspection of the premises.
AFFADAVIT: I certify and affirm that I am the property or building owner or owner's authorized agent and that I agree to conform to all applicable laws of this jurisdiction. I also certify that this application is accurate and complete. 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 the state relating to persons who are to perform work on a residential structure. Violators of Section 23a are subject to civil fines.

OWNER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Upon completion and submittal of this application contractors will be registered with the City of South Haven.

For any change to the footprint of a structure, a drawing must be included with the following:

1. SHOW PROPERTY LINES AND DIMENSIONS OF LOT
2. SHOW ADDRESS OF PROPERTY
3. SHOW ALL STRUCTURES ON PROPERTY
4. SHOW DISTANCES FROM STRUCTURES TO PROPERTY LINES
5. SHOW DISTANCES BETWEEN BUILDINGS
6. SHOW STREETS AND EASEMENTS
7. SHOW ANY UTILITIES NEAR CONSTRUCTION AREA
8. HEIGHT OF PROPOSED ADDITION BASED ON THE AVERAGE GRADE OF THE PROPERTY.

The better your drawing, the faster your application can be processed. A survey or professional drawing of the property may be required if your drawing is not clear or incomplete.

IMPORTANT: A BUILDING PERMIT APPLICATION IS NOT A PERMIT. A PERMIT MUST BE ISSUED AND PICKED UP FROM CITY HALL BEFORE ANY WORK IS BEGUN.

SITE PLAN SUBMITTAL REQUIREMENTS
CITY OF SOUTH HAVEN
BUILDING DEPARTMENT
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090
FOR INFORMATION CALL 269-637-0760

PROJECT ADDRESS: _____ TAX ID: 80-53-_____

DATE APPLICATION RECEIVED: _____ APPLICANT: _____

PROJECT DESCRIPTION: _____

REQUIRED DOCUMENTS:

- 1. SURVEY AND LEGAL DESCRIPTION OF PROPERTY**
 - INCLUDE ANY DEED RESTRICTIONS AND EASEMENTS
 - TAX ID NUMBER

- 2. LOCATION MAP**
 - SMALL SCALE SKETCH OF PROPERTIES, STREETS AND USE OF LAND WITHIN 1/2 MILE
 - INCLUDE DRIVEWAY LOCATIONS ACROSS THE STREET

- 3. SITE PLAN INCLUDING:**
 - SCALE OF LESS THAN 1:200
 - FIFTEEN (15) COPIES, TWO (2) SEALED
 - DATE OF DRAWING, NAME, ADDRESS, AND SEAL OF PREPARER
 - DIMENSIONS OF LOTS, PROPERTY LINES
 - EXISTING STRUCTURES (LABEL EXISTING)
 - PROPOSED STRUCTURES AND ADDITIONS (LABEL PROPOSED)
 - BUILDING SETBACKS, FRONT, REAR, BOTH SIDES
 - AREA COVERED BY STRUCTURES (IN SQUARE FEET)
 - DIMENSIONS, LOCATION AND PAVING MATERIAL OF DRIVES, PARKING AREAS, SIDEWALKS AND CURBING
 - PARKING SPACE STRIPING, NUMBER OF PARKING SPACES REQUIRED, NUMBER PROVIDED
 - FIRELANE LOCATION, RADII AND DIMENSIONS
 - STORM DRAINAGE SYSTEM AND STRUCTURES, DIRECTION OF FLOW
 - RETENTION BASIN AND CALCULATIONS
 - LOCATION AND SIZE OF WATER, SEWER, ELECTRIC, GAS AND OTHER UTILITIES
 - LANDSCAPING DETAILS
 - SIGNS AND ON-SITE LIGHTING, LOCATION AND DETAILS
 - EASEMENTS
 - EXISTING MAN-MADE FEATURES
 - EXISTING NATURAL FEATURES
 - TOPOGRAPHY AT 2 FOOT INTERVALS
 - WETLANDS, HIGH RISK EROSION AREAS OR FLOODPLAIN AREAS
 - DIMENSIONS AND LOCATION OF ANY REQUIRED OPEN SPACE
 - ZONING DISTRICT(S)
 - VARIANCES TO BE REQUESTED, IF ANY

- 4. BUILDING ELEVATIONS (SKETCH)**
 - SHOW HEIGHT OF BUILDING
 - SHOW NUMBER OF STORIES

- 5. LETTER OR MEMO EXPLAINING:**
 - OBJECTIVES OF THE PROPOSAL
 - COMPLETION SCHEDULE OF PROJECT PHASES

DATE ACCEPTED: _____

BY: _____

Note: These are a summary of the requirements for new and major construction projects. Smaller projects are required to include details related to the changes being made, and applicants may not be required to include all of the items listed here.

In any case, items 1 through 5 shall be included in the application.
For complete details see the South Haven Zoning Ordinance Section 1405, Final Site Plan Submittal Requirements.

SITE PLAN APPLICATION
CITY OF SOUTH HAVEN
BUILDING DEPARTMENT
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090
FOR INFORMATION CALL 269-637-0760

Project Address: _____ Tax ID 80-53- _____

Applicant: _____ Property Owner: _____

Appl. Address: _____ Owner Address: _____

Applicant Phone: _____ Owner Phone: _____

Applicant Email: _____ Owner Email: _____

Current Use of Property: _____ Zoning District of Property _____

Project Description: _____

PROPOSED USE: _____

SECTION NUMBER WHICH PERMITS THIS USE: _____

COMMENTS:

OWNER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

DATE SUBMITTED: _____ DATE ACCEPTED: _____ BY: _____

FEE: _____ DATE OF PAYMENT: _____

FORM CONTINUES ON OTHER SIDE, PLEASE COMPLETE BACK OF SHEET

SETBACKS (IN FEET):

FRONT YARD: _____ **SIDE YARD:** _____

REAR YARD: _____ **SIDE YARD:** _____

LOT AREA (IN SQUARE FEET) _____

LOT WIDTH (AT FRONT SETBACK) _____

AREA COVERAGE (BY ALL STRUCTURES) _____

HEIGHT (AVERAGE OF PEAK AND EAVE) _____

OFF-STREET PARKING, SECTION 1800

PARKING USE GROUP: _____

SECTION NUMBER: 1800.12. _____

PARKING REQUIREMENT: _____

**PARKING REQUIREMENT
CALCULATION:**

REQUIRED PARKING SPACES _____ **PROVIDED SPACES** _____

DIMENSION OF INDIVIDUAL PARKING SPACES _____

COMMENTS:

**CITY OF SOUTH HAVEN
DEPARTMENT OF BUILDING SERVICES**

APPLICATION FOR SPECIAL INSPECTION

In accordance with Section 1704 of the 2003 Michigan Building Code, ***the registered design professional responsible for the design of the building*** is required to prepare a statement of special inspections which must be approved by the code official prior to the issuance of the building permit.

Architect/Engineer that prepared this form (type or print): _____

Signature of Architect/Engineer: _____ Date: _____

Address of Building Site: _____

Name of person responsible for scheduling the special inspections: _____

Employed by: _____ Phone: _____

MATERIALS AND WORK SUBJECT TO SPECIAL INSPECTIONS:

(CHECK ALL ITEMS THAT APPLY TO THIS PROJECT)

- A)___ **STEEL FABRICATION** (if requesting an exemption, attach documentation supporting the request)
- B)___ **STEEL ERECTION** (bolts, nuts, washers, material, welding, cutting, etc.)
- C)___ **MASORY CONSTRUCTION** (material, proportioning, mixing, consistency and application of mortar and grout, condition, size, location and spacing of reinforcement, cold and hot weather protection, etc.)
- D)___ **CONCRETE** (Material, condition, size, location and spacing of reinforcement, placement techniques, cold and/or hot weather protection, etc.)
- E)___ **PRECAST CONCRETE FABRICATION** (if requesting an exemption, attach documentation supporting the request)
- F)___ **PRECAST CONCRETE ERECTION** (compliance with the erection drawings, cutting and boring, etc.)
- G)___ **FABRICATED WOOD** (trusses, I-joists, laminated beams, micro-lams, etc.)
- H)___ **SOIL COMPACTION** (usually required as a condition of approval of the soil report, done prior to pouring footings)
- I)___ **OTHER:** _____

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

A: STEEL FABRICATION	
NAME OF SPECIAL INSPECTIONS FIRM:	
ADDRESS:	
PHONE:	FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

B: STEEL ERECTION	
NAME OF SPECIAL INSPECTIONS FIRM:	
ADDRESS:	
PHONE:	FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

C: MASONRY CONSTRUCTION	
NAME OF SPECIAL INSPECTIONS FIRM:	
ADDRESS:	
PHONE:	FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

D: CAST IN PLACE CONCRETE	
NAME OF SPECIAL INSPECTIONS FIRM:	
ADDRESS:	
PHONE:	FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

E: PRECAST CONCRETE FABRICATION	
NAME OF SPECIAL INSPECTIONS FIRM:	
ADDRESS:	
PHONE:	FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

F: PRECAST CONCRETE ERECTION

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

G: FABRICATED WOOD

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

H: SOIL COMPACTION

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

I: OTHER

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED BY CITY OF SOUTH HAVEN, ATTACH RESUME, CERIFICATE, LICENSES, ETC.

J: OTHER

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

NON-CONFLICT OF INTEREST STATEMENT

THIS STATEMENT IS TO BE COMPLETED BY THE PERSON OR FIRM THAT WILL ACTUALLY BE CONDUCTING THE SPECIAL INSPECTIONS. EVERY SPECIAL INSPECTOR THAT IS REFERENCED IN THE PREVIOUS PAGES OF THIS APPLICATION MUST FILL OUT A SEPARATE NON-CONFLICT OF INTEREST STATEMENT.

JOB SITE ADDRESS: _____ DATE: _____

Check the categories of work on the above referenced project that you have agreed to inspect:

<input type="checkbox"/> STEEL FABRICATION	<input type="checkbox"/> PRECAST CONCRETE FABRICATION
<input type="checkbox"/> STEEL ERECTION	<input type="checkbox"/> PRECAST CONCRETE ERECTION
<input type="checkbox"/> MASONRY CONSTRUCTION	<input type="checkbox"/> FABRICATED WOOD
<input type="checkbox"/> CAST IN PLACE CONCRETE	<input type="checkbox"/> SOIL COMPACTION
<input type="checkbox"/> OTHER: _____	

Are you or an immediate family member (spouse, child, parent, brother, sister) employed by, or have a financial interest in, or have any other relationship that could be perceived as a conflict of interest, with the contractors or fabricators company?

YES _____ NO _____

If you checked yes to the question asked above, provide an explanation:

I certify that the statements made by me in this non-conflict of interest statement are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements herein are sufficient grounds for revoking the approval of the application for special inspections and subsequent legal action.

_____ for _____
(signature of special inspector) (name of special inspection firm)

Notice to special inspectors:

You are required to keep records of all inspections and to furnish a copy of such records to the Building Official upon request. All discrepancies shall be brought to the immediate attention of the contractor or fabricator for correction. If the discrepancies are not corrected within a reasonable time, the discrepancies shall be brought to the attention of the code official and to the registered design professional of record. A final summary report that indicates the scope of your inspections and that the work was completed in accordance with the approved plans, specifications and the applicable standards shall be submitted to the Building Official prior to the issuance of the Certificate of Occupancy.



City of South Haven

Building Services Department

City Hall • 539 Phoenix Street • South Haven, Michigan 49090-1573
Telephone (269) 637-0789 • Fax (269) 637-5319

BUILDING PLAN REVIEW APPLICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROPERTY TAX NUMBER: _____

PROPERTY OWNER(S) INFORMATION

APPLICANT(S) INFORMATION

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

_____ | _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

E-MAIL: _____ E-MAIL: _____

Project Information (Circle): **New Construction** or **Remodeling** or **Addition**

Demolition Required: _____ Yes _____ No

(If yes, please indicate to what extent you will perform work as part of Scope of Work description on page 2 of application.)

Building Area (List each floor): _____

Total Height of Roof and/or appurtenances: _____

Fire sprinkling system to be utilized: _____ Yes _____ No **Stand Pipe Required:** _____ Yes _____ No

Type of Construction Proposed: _____ **Use/Occupancy:** _____

Has project received approvals from South Haven’s Planning Commission: _____ Yes _____ No

(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

Has project received approvals from State regulatory or other agencies: _____ Yes _____ No

(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

