

# **SOMERSET TOWNSHIP BUILDING GUIDE**

## **REQUIREMENTS FOR NEW CONSTRUCTION OR MOBILE HOME SITES**

P.O. BOX 69  
SOMERSET CENTER, MI. 49282  
517-688-9223

To apply for a new construction permit for a home, modular home, or mobile home you will need to follow the following steps:

1. Obtain an address for the proposed building site.
2. Obtain a zoning compliance permit (necessary for Health Department review.)
3. Bring approved Septic and Well permits, a Driveway permit, at least one set of building plans (if necessary, with Lake Association approval) and a Soil Erosion & Sedimentation Control permit if necessary.

1. **ADDRESS FOR CONSTRUCTION SITE:** Hillsdale County Mapping Dept. Courthouse Basement (517) 439-9166. Need exact location - Township, Section, Lot # or Parcel #.
2. **ZONING COMPLIANCE:** Somerset Township Zoning Administrator Don Figiel (517) 688-9223. Office hours: Thursday (9:30 A.M to 12:00 Noon) and (1:00 – 5:00). Fill out Zoning Compliance Application. Supply 2 copies of site plot plan.
3. **CONTACT HEALTH DEPARTMENT:** (517-437-7395)
  - A. Approval from Health Department necessary prior to Building Permit submission. Contact is James Young.
  - B. Copy of Septic & Well Permit necessary for building permit issuance
  - C. Verification of previous installation of Septic & Well necessary for building permit issuance.
4. **SOIL EROSION & SEDIMENTATION CONTROL PERMITS:** Hillsdale County Inspection Department (517-437-4130). Permits are required when earth moving activities occur within 500 feet of surface water. Surface water is defined as ponds, lakes, streams, rivers, wetlands, designated drains, and storm drains. Any projects disturbing one or more acres & all commercial activity are also included.
5. **DRIVEWAY RIGHT OF-WAY PERMIT:** County Road Commission (517-437-4458)  
Approval required prior to Building Permit Issuance.

### **6. BUILDING COMMITTEE APPROVAL LAKE ASSOCIATION OF PLANS:**

(The Associations of Lake LeAnn and Lake Somerset). Take three sets of prints to the Associations Building Committee, one to be left with the Building Committee, the other two sets with the Lake Association approval to be submitted to the Township Building Inspector, as part of the building permit application.

#### **Lake Associations Building Committees**

Lake LeAnn Building Control Committee (517) 688-9704  
Lake Somerset Building Control Committee (517) 252-5069

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7. **COMMERCIAL PERMITS:** Bring two sets of prints - one to be left on file at the Building Inspector's Office. Must have a Michigan Architect/Engineer Seal. Must include barrier free specifications.
8. **ELECTRICAL PERMITS:** Hillsdale County Inspection Office, Courthouse Annex Building 8:00 A.M. to 4:00 P.M. County Electrical Inspector Doug Scott, Office hours 8:00 A.M. to 9:30 A.M., Monday & Wednesday, (517) 437-4130 (Subject to change). Applications are available in the Somerset Township Office.
9. **PLUMBING PERMITS:** Hillsdale County Inspection Office, Courthouse Annex Building 8:00 A.M. to 4:00 P.M. County Plumbing Inspector Terry Thatcher, Office hours: 8:00 A.M. to 9:30 A.M., Tuesday & Thursday (517) 437-4130 (Subject to change). Applications are available in the Somerset Township Office.
10. **MECHANICAL PERMITS:** Hillsdale County Inspection Office, Courthouse Annex Building 8:00 A.M. to 4:00 P.M. County Mechanical Inspector Terry Thatcher, Office hours: 8:00 A.M. to 9:30 A.M., Tuesday & Thursday (517) 437-4130 (Subject to change). Applications are available in the Somerset Township Office.
11. **PRE-MANUFACTURED REQUIREMENTS:**
  - A. Verification of the issuance of electrical, plumbing and mechanical permits prior to unit setting on foundation.
  - B. Verification of State certification (Systems Approval Report) or HUD certification (copy of title showing 1977 or newer).
  - C. Copy of unit specifications (manufacturer foundation plans, floor plan, erection details).
12. **RESIDENTIAL BUILDING PERMITS:** Bring two sets of building plans, one to be left on file in the Building Inspector's Office, copies of Zoning Compliance Permit, Lake Association Approval if necessary, Health Department Permits, Driveway Permit, and Soil Erosion & Sedimentation Control Permit if necessary. Fill out Building Permit Application, Somerset Township Building Inspector's Ray and Marty Taylor (517) 688-9223. Office Hours 9:00 A.M. to 10:00 A.M. Monday through Friday (Subject to change).
13. **CONSUMER'S ENERGY:**  
1-800-477-5050 to obtain Energy Notification Number. Required for new service installations or service change-outs.

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**ALL CHANGES TO BLUEPRINTS MUST BE SIGNED BY BUILDING INSPECTOR, OWNER, AND/OR BUILDER.**

**ANY STRUCTURE OR ANY PART OF A STRUCTURE NOT INCLUDED IN THE ORIGINAL BUILDING PERMIT WILL BE CHARGED A SEPARATE BUILDING PERMIT FEE.**

**DO NOT OCCUPY STRUCTURE PRIOR TO OBTAINING AN OCCUPANCY CERTIFICATE.**

### **WHEN TO CALL FOR INSPECTION**

PLEASE CALL THE BUILDING INSPECTOR'S OFFICE AT (517) 688-9223 AT LEAST 24 HOURS PRIOR TO THE DAY AN INSPECTION IS REQUIRED. INSPECTIONS ARE TYPICALLY PERFORMED MORNINGS AFTER BUILDING INSPECTOR OFFICE HOURS. **USUALLY THERE ARE FIVE INSPECTIONS NECESSARY PRIOR TO THE ISSUANCE OF AN OCCUPANCY PERMIT.**

1. **FOOTING INSPECTIONS:** Will be made when:
  - A. Forms are set and ready to place concrete, but **before** any concrete is placed.
2. **BACKFILL INSPECTIONS:** Will be made when:
  - A. Drain tile is installed around exterior footings and damp proof coating is applied to walls below grade, before backfilling.
  - B. Minimum of 6" stone cover has been placed over drain tile, before backfilling,
3. **ROUGH INSPECTION:** Will be made when:
  - A. Installation of all rough framing, floor-wall-sheathing, interior partition walls is complete.
  - B. Inspection must be made prior to insulation and drywall installation.
  - C. **Electrical, Plumbing and Mechanical Rough Inspections approval must be done prior to rough building inspection.**
4. **INSULATION INSPECTION:** The following needs to be insulated.
  - A. Walls, ceilings if using batts, windows and doors, box sill with paper vapor barrier removed if basement is unfinished, foundation walls.
  - B. Insulation values must conform to the current Michigan Uniform Energy Code

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**5. FINAL INSPECTION: BEFORE OCCUPANCY**

- A. When all construction is complete and final grading established.
- B. Electrical, Plumbing and Mechanical Final Inspections completed prior to final building inspection.**

**PROVIDE SITE IDENTIFICATION (STREET NUMBERS OR PERMIT CLEARLY POSTED VISIBLE FROM THE STREET) OR INSPECTION MAY NOT BE PERFORMED.**

**POST YOUR BUILDING PERMIT SO IT IS ACCESSIBLE FOR INSPECTION.**

**A FINAL INSPECTION MUST BE PERFORMED BY THE BUILDING INSPECTOR AND A CERTIFICATE OF OCCUPANCY MUST BE ISSUED BEFORE OCCUPYING OR USING ANY STRUCTURE.**

Somerset Township Hall  
12715 E. Chicago Rd  
P.O. Box 69  
Somerset Center MI 49282

APPLICATION for PLAN EXAMINATION and BUILDING PERMIT

IMPORTANT - Applicants Complete All Items in Sections: I, II, III, IV, V and VII

<b>I. LOCATION of BUILDING</b>		Location (Street Number and Street Name)		Zoning District	
		Names of Cross Streets			
		Between		and	
		Subdivision	Lot Number	Block	Lot Size
<b>II. TYPE and COST of BUILDING - All Applicants Complete Parts A through D</b>					
<b>A. TYPE of IMPROVEMENT</b>			<b>D. PROPOSED USE</b> For "Wrecking" most recent use		
1 <input type="checkbox"/> New Building			<b>Residential</b>		
2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13.)			12 <input type="checkbox"/> One Family		
3 <input type="checkbox"/> Alteration (See number 2 above)			13 <input type="checkbox"/> Two or more Family Enter number of units		
4 <input type="checkbox"/> Repair, Replacement			14 <input type="checkbox"/> Transient Hotel, Motel or Dormitory Enter number of units		
5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13.)			15 <input type="checkbox"/> Garage		
6 <input type="checkbox"/> Moving (Relocation)			16 <input type="checkbox"/> Carport		
7 <input type="checkbox"/> Foundation only			17 <input type="checkbox"/> Other (Specify)		
<b>B. OWNERSHIP</b>			<b>Nonresidential</b>		
8 <input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.)			18 <input type="checkbox"/> Amusement, Recreational		
9 <input type="checkbox"/> Public (Federal, State, Local Government)			19 <input type="checkbox"/> Church, other Religious		
			20 <input type="checkbox"/> Industrial		
			21 <input type="checkbox"/> Parking Garage		
			22 <input type="checkbox"/> Service Station, Repair Garage		
			23 <input type="checkbox"/> Hospital, Institutional		
			24 <input type="checkbox"/> Office, Bank, Professional		
			25 <input type="checkbox"/> Public Utility		
			26 <input type="checkbox"/> School, Library, other Educational		
			27 <input type="checkbox"/> Stores, Mercantile		
			28 <input type="checkbox"/> Tanks, Towers		
			29 <input type="checkbox"/> Other (Specify)		
<b>C. COST</b> (Omit Cents)			<b>Nonresidential - Describe in detail proposed use of buildings, 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.</b>		
10 Cost of Improvement ..... \$					
To be installed but not included in the above cost:					
a. Electrical ..... \$					
b. Plumbing ..... \$					
c. Heating, Air Conditioning \$					
d. Other (Elevator, etc.) ..... \$					
11 TOTAL Cost of Improvement \$					
<b>III. SELECTED CHARACTERISTICS of BUILDING - For New Buildings and Additions complete Parts E through L, for Wrecking, complete only Part J, for all others skip to IV.</b>					
<b>E. PRINCIPAL TYPE of FRAME</b>		<b>G. TYPE of SEWAGE DISPOSAL</b>		<b>J. DIMENSIONS</b>	
30 <input type="checkbox"/> Masonry (Wall Bearing)		40 <input type="checkbox"/> Public or Private Company		48 Number of Stories .....	
31 <input type="checkbox"/> Wood Frame		41 <input type="checkbox"/> Private (Septic Tank, etc.)		49 Total Sq Ft of Floor Area, All Floors, Based on Exterior Dimensions ..	
32 <input type="checkbox"/> Structural Steel		<b>H. TYPE of WATER SUPPLY</b>		50 Total Land Area, Sq. Ft. ...	
33 <input type="checkbox"/> Reinforced Concrete		42 <input type="checkbox"/> Public or Private Company		<b>K. NUMBER of OFF STREET PARKING SPACES</b>	
34 <input type="checkbox"/> Other (Specify) .....		43 <input type="checkbox"/> Private (Well, Cistern)		51 Enclosed .....	
<b>E. PRINCIPAL TYPE of HEATING FUEL</b>		<b>I. TYPE of MECHANICAL</b>		52 Outdoors .....	
35 <input type="checkbox"/> Gas		Will there be air conditioning?		<b>L. RESIDENTIAL BUILDINGS ONLY</b>	
36 <input type="checkbox"/> Oil		44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No		53 Number of Bedrooms .....	
37 <input type="checkbox"/> Electricity		Will there be an elevator?		54 Number of Bathrooms	
38 <input type="checkbox"/> Coal		46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		Full .....	
39 <input type="checkbox"/> Other (Specify) .....				Partial .....	

Number

Street

#### IV. IDENTIFICATION

Homeowner Permits Must List All Subcontractors and Their License Number

##### A. OWNER

Name		Telephone Number (      )	
Address	City	State	Zip Code

##### B. ARCHITECT or ENGINEER

Name		Telephone Number (      )	
Address	City	State	Zip Code

##### C. CONTRACTOR

Name			Telephone Number (      )	
Address		City	State	Zip Code
License Number	Expiration Date	Social Security Number	Federal Employer ID Number (or reason for exemption)	
Workers Compensation Insurance Carrier (or reason for exemption)			MESC Employer Number (or reason for exemption)	

#### V. APPLICANT INFORMATION

The applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

Name		Telephone Number (      )	
Address	City	State	Zip Code
Federal Employer ID Number / Social Security Number			
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. I acknowledge receipt of and agree to comply with the Hillsdale County Building Guide.			
Fee Enclosed:			
Signature of Applicant		Date	
Section 23A of the State Construction Code Act of 1972, Act Number 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.			





# TOWNSHIP OF SOMERSET

12715 E. Chicago Rd., P.O. Box 69  
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## CHECK LIST – ZONING COMPLIANCE

- Zoning Compliance Permit Application signed and dated
- Description of work in detail (either on application or separate document)
- Parcel ID Number (tax receipt or property assessor)
- Plot Plan, Site Plan, or Survey (drawn to scale; indicated scale used)
- Documents showing height of proposed structure (engineering, building plans, sketch)\*
- Floor Plan (if applicable)
- Lot Coverage Calculations (if applicable) \*
- High Watermark Line (Hillsdale GIS) (Implement on plot plan showing rear setback for abutting water bodies)
- Copy of septic permit or submitted application to Health Department (If applicable, indicating capacity for new heated and cooled living space or bathroom addition)
- Contractor Licensing must be current and on file with the Building Department

**NOTE: ALL APPLICATIONS WILL TAKE MINIMUM OF ONE WEEK OR LESS TO PROCESS IF ALL REQUIRED DOCUMENTS ARE SUBMITTED AND CORRECT, ANY RESUBMITAL OF DOCUMENTATION MAY TAKE LONGER FOR PERMITTING.**

### Article VI, Section 6.4, Subsection 6.4.1

Shall require that all applications for zoning compliance permits be accompanied by plans, and specifications including plot plan in duplicate, drawn to scale (architect or engineering scale stipulating conversion used) showing the following information:

1. The actual dimensions and shape of the lot to be built upon; and,
2. The exact size and location of existing structures on the lot if any showing its distances from the closest and furthest points (labeled with dimensions, all impervious surfaces indicated)
3. The location and dimensions of the proposed structures or alteration.
4. Indicate any easements or right-of-way
5. Roads, Lakes
6. Septic, drain fields, and wells must be shown on plot plans to ensure compliance for distance from structures to eliminate contamination.

One (1) copy of the plans shall be returned to the applicant by the Zoning Administrator after such copy had been approved or disapproved.

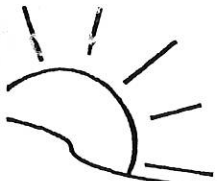
#### 6.4.1 Issuance of Zoning Compliance Permits:

No building or structure, or part thereof, shall hereafter be located, erected, construction, reconstructed, altered, converted, or enlarged or moved; nor shall any change be made in the use of any building, structure, or land without a Zoning Compliance Permit having been obtained from the Zoning Administrator for building, structure, or land. A Zoning Compliance application shall be filled out and submitted to the Zoning Administer.

#### 6.4.2 Voiding of Zoning Compliance Permit:

Any Zoning Compliance permit granted under this Ordinance shall become null and void and fees forfeited unless construction and/or use completed within five hundred forty-five (545) days of the date of issuance. A Zoning Compliance Permit shall be renewable upon reapplication and upon payment of the fee, subject however, to the provisions of all ordinances in effect as the time of renewal.

(\*) Reference Zoning Ordinance Section 4.5 District Chart Area, Yard, and Bulk Regulations Table



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## Zoning Compliance Permit Application

### Property Owners Information

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

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

City, State, Zip: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

### Contractor's Information

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

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

City, State, Zip: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot Size: \_\_\_\_\_ Height of Building: \_\_\_\_\_ Number of Levels in Building: \_\_\_\_\_

Proposed Sq. Footage: \_\_\_\_\_ Existing Sq. Footage: \_\_\_\_\_

Total Sq. Footage: \_\_\_\_\_ Lot Coverage %: \_\_\_\_\_ Corner Lot: YES / NO

Impervious Surface Footage: \_\_\_\_\_ Site Plan #:(If Applicable) \_\_\_\_\_

Is the property abutting a lake, if so what is the distance from the lake to the proposed structure? \_\_\_\_\_

If this is a business will it require a sign? YES / NO

Please describe type and nature of business: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Total number off-street parking spaces: Regular \_\_\_\_\_ ADA Accessible \_\_\_\_\_



The issuance of a Zoning Compliance Permit does not assure the building setbacks have been met or that the structure does not encroach on an easement or right-of-way. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements and right-of-ways. If the Township determines the structure does not meet applicable setbacks or improperly encroaches on an easement/right-of-way, the owner is responsible for moving the structure, restoring the easement/right-of-way to its original condition or otherwise making the structure comply with the Township's setbacks and other zoning ordinance requirements. In addition to the requirements of the permit there may be additional restrictions applicable to this property that may be found in the public records of this Township and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. The issuance of the zoning compliance permit does not infer compliance with your deed restrictions. Commencement of work without Architectural Review Committee (ARC) approval could result in a violation issued by the ARC or your respective Homeowners Association (HOA).

Application is hereby made to obtain a zoning compliance permit to do the work and installations as indicated, nonetheless a building permit may still be required. By signing this application, I certify that no work or installation has commenced prior to the issuance of a zoning compliance permit and that all work will be performed to meet the standards of all laws regulating construction, as well as, all Township Zoning Ordinances within this jurisdiction.

\_\_\_\_\_ OR \_\_\_\_\_  
Signature of Owner/Agent Signature of Contractor

### TO BE COMPLETED BY TOWNSHIP STAFF ONLY

S/T/R:	Zoning:	Setbacks: F-          S-          R-	Max Structure Lot Coverage %:
Minimum Lot Area:	Minimum Lot Width:	Maximum Height Requirements:	Future Land Use:
Site Plan, Variance, Rezoning #:	Non-Conforming Lot of Record:	Non-Conforming Lot of Records that Must adhere to zoning district regulations:  YES / NO	Utility Easement: F-          S-          R-
Drainage Easement: F-          S-          R-	Right-of-Way: F-          S-          R-	Granted/Denied/Required:	Granted/Denied (2 <sup>nd</sup> submittal):

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Zoning Administrator: \_\_\_\_\_

**DON FIGIEL**