

## LOWELL TOWNSHIP BUILDING PERMIT PROCESS

- ❖ PRIOR TO CONSTRUCTION OR PHYSICAL DEVELOPMENT OF ANY PROPOSED 'NEW USE' OR STRUCTURE TO INCLUDE SWIMMING POOLS, OR THE 'RESTORATION & STRUCTURAL IMPROVEMENT' (OTHER THAN MINOR REPAIRS) OF ANY EXISTING USE OR STRUCTURE, **THE APPLICATION** FOR 'ZONING COMPLIANCE APPROVAL' AND 'BUILDING PERMIT' MUST BE MADE TO THE TOWNSHIP ZONING OFFICIAL ON THE APPROPRIATE FORMS PROVIDED BY THE TOWNSHIP
- ❖ CONTENTS OF THE APPLICATION INCLUDES (4) FORMS

### 1. ZONING COMPLIANCE APPLICATION

### 2. SITE PLAN W/EXAMPLES

- ### 3. BUILDINGS PERMIT APPLICATION – This document can also be obtained, completed and printed online at [www.twp.lowell.mi.us](http://www.twp.lowell.mi.us) under forms.

### 4. WATER CONNECTION FEES

- ❖ UPON ZONING COMPLIANCE APPROVAL THE TOWNSHIP WILL FORWARD THE REQUIRED DOCUMENTATION TO CASCADE BUILDING INSPECTIONS FOR THE ACTUAL BUILDING PERMIT WHICH YOU WILL PICKUP AT CASCADE BUILDING INSPECTIONS.

\*For Single Family Dwellings' (see Table of General Bulk Regulations for Complete list of requirements)

ZONE	MINIMUM BUILDABLE LOT AREA	MINIMUM ROAD FRONTAGE	REQUIRED FRONT YARD *not less than req. S/B For a Principal Building	REQUIRED SIDE YARD SETBACK FOR ACC. BLDG	REQUIRED REAR YARD SETBACK FOR ACC. BLDG.
AG 1 Single Family	2 Acres	200 Ft.	50 Ft.	50 Ft.	50 Ft.
AG 2 Single Family	4 Acres	200 Ft.	50 Ft.	25 Ft.	50 Ft.
R 1 Single Family	2 Acres	165 Ft.	40 Ft.	25 Ft.	10 Ft.
R 2 – Single Family w/o sewer	40,000 SqFt	165 Ft.	40 Ft.	3 Ft.	5 Ft.
R 2 – Single Family w/ sewer	14,000 SqFt	100 Ft.	40 Ft.	3 Ft.	5 Ft.
R 3 – Single Family w/ sewer	10,000 SqFt	80 Ft.	40 Ft.	___ Ft.	10 Ft.
PUD – Single Family	_____	_____	___ Ft.	___ Ft.	10 Ft.

## LOWELL TOWNSHIP ZONING COMPLIANCE

### APPLICANT INFORMATION

Property Owner:	Date:
Current address:	
Home Phone:	Cell Phone:

### SITE INFORMATION

Project Address:	
<input type="checkbox"/> Residential <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Roof <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign <input type="checkbox"/> Commercial <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Roof <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign	
Project Description:	
Permanent Parcel Number: <b>41 - 20 -</b>	Current Zoning:

### CHECKLIST

<input type="checkbox"/> SITE PLAN : LOT DRAWING (SURVEY IF AVAILABLE) SHOWING RESIDENCE WITH FRONT/SIDE/REAR SETBACKS FROM THE PROPOSED PROJECT
<input type="checkbox"/> BLUE PRINTS / DRAWINGS: FOR ALL CONSTRUCTION – (1) SET FOR TOWNSHIP – (2) SETS FOR BUILDING DEPT.
<input type="checkbox"/> DRIVEWAY PERMIT: ALLL NEW HOMES – [OBTAINED FROM KENT COUNTY ROAD COMMISSION]
<input type="checkbox"/> WELL AND SEPTIC: [OBTAINED FROM KENT COUNTY HEALTH DEPARTMENT]
<input type="checkbox"/> SOIL EROSION: [IF WITHIN 500 FT OF WATER]
<input type="checkbox"/> WATER CONNECTION APPLICATION/FEEES:

### CONTRACTOR INFORMATION

Builder/Contractor:		
Builder / Contractor Address:		License #
Phone:	Cell Phone:	Fax:
City:	State:	ZIP Code:
Print name:		Date:
Signature:		Title:

**I agree to comply with the terms and requirements of all codes and ordinances in effect in the Township pertaining to all phases of construction and development of this project. It is also understood that a certificate of occupancy must be obtained prior to use or residency.**

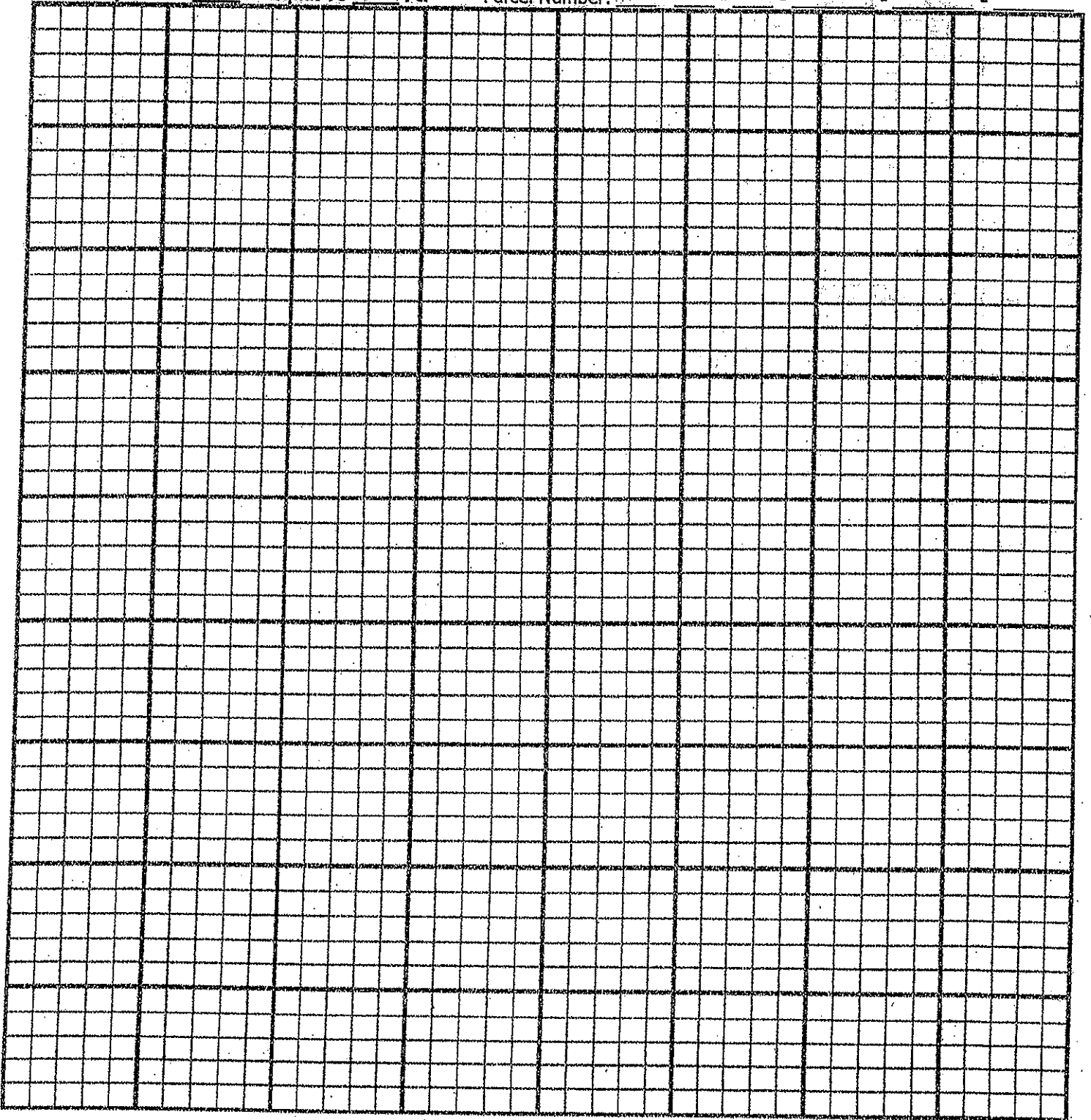
X

### TOWNSHIP COMPLIANCE AUTHORIZATION OR DENIAL

<input type="checkbox"/> Setback Compliance Requirements met	<input type="checkbox"/> Zoning Compliance Requirements met	
<input type="checkbox"/> Setback Requirements not met	<input type="checkbox"/> Zoning Requirements not met.	
Township Official Signature:		Date:
Print name:		Title:
<input type="checkbox"/> Cc to Ordinance Enforcement Officer		Date:
<input type="checkbox"/> Cc to Ordinance Assessor		Date:

# SITE PLAN

Each Square or Is Equal To Ft. Parcel Number:



Property Owner: \_\_\_\_\_

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

Name of Preparer (if different than above): \_\_\_\_\_

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

THIS PLOT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

(Signature of Applicant or Agent) \_\_\_\_\_

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

**APPLICATION FOR BUILDING PERMIT**  
**LOWELL TOWNSHIP**  
*c/o* CASCADE CHARTER TOWNSHIP  
 2865 THORNHILLS SE GRAND RAPIDS, MI 49546-7192  
 PHONE 949-3765. FAX 949-7271

ADDRESS OF PROPERTY \_\_\_\_\_  
 PERMANENT PARCEL NO. \_\_\_\_\_ PROJECT VALUATION \_\_\_\_\_  
 OWNER/TENANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUILDER/CONTRACTOR/APPLICANT \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CELL \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 TYPE OF PROJECT \_\_\_\_\_ SITE PLAN INCLUDED:  YES  NO  
 USE GROUP \_\_\_\_\_ CONST. TYPE \_\_\_\_\_  
 SQUARE FOOTAGE \_\_\_\_\_ BUILDING \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_  
 COMPLIES WITH BARRIER FREE LAWS?  YES  NO  N/A  
 IS PARCEL WITHIN 500 FEET OF LAKE OR STREAM?  YES  NO

**LIST SUB-CONTRACTORS**

ELECTRICAL CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 MECHANICAL CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 PLUMBING CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 FIRE PROTECTION CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**CONTRACTOR INFORMATION**

Section 23a of the state Construction Code Act of 1972, Act No. 230 or public Acts of 1982, being section 125, 1523a or the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

FEDERAL I.D. NUMBER OR REASON FOR EXEMPTION \_\_\_\_\_  
 WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION \_\_\_\_\_  
 MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION \_\_\_\_\_

1. Building permit **MUST** be posted on site visible from street.
2. ADDRESS **MUST** be posted at start of construction and permanent numbers affixed to building before final inspection.
3. Refer to Section 109 of the Michigan Residential Code for a list of the required inspections.

**ALL REQUIRED INSPECTIONS MUST BE REQUESTED BY THE APPROPRIATE CONTRACTOR BY TELEPHONE TO:**  
 (616) 949-3765, AT LEAST 24 HOURS IN ADVANCE.

I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF ALL CODES AND ORDINANCES IN EFFECT IN THE TOWNSHIP PERTAINING TO ALL PHASES OF CONSTRUCTION AND DEVELOPMENT OF THIS PROJECT. IT IS ALSO UNDERSTOOD THAT A CERTIFICATE OF OCCUPANCY **MUST** BE OBTAINED PRIOR TO USE OR OPERATION.

PRINT OR TYPE  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPLICANT SIGNATURE \_\_\_\_\_

**BELOW FOR OFFICE USE ONLY**

BUILDING PERMIT VALUATION _____ BUILDING INSP. APPROVAL _____ DATE _____ COMMENTS _____ _____ BUILDING PERMIT NUMBER _____	<table border="0" style="width: 100%;"> <tr> <th colspan="2" style="text-align: right; font-weight: normal;">FEES REQUIRED</th> </tr> <tr> <td style="width: 50%;">BUILDING PERMIT</td> <td>_____</td> </tr> <tr> <td>PLAN REVIEW</td> <td>_____</td> </tr> <tr> <td>WATER/SEWER</td> <td>_____</td> </tr> <tr> <td>CONTR. REGIS</td> <td>_____</td> </tr> <tr> <td>TOTAL</td> <td>_____</td> </tr> <tr> <td>RECEIPT NO.</td> <td>_____</td> </tr> <tr> <td>DATE</td> <td>_____</td> </tr> </table>	FEES REQUIRED		BUILDING PERMIT	_____	PLAN REVIEW	_____	WATER/SEWER	_____	CONTR. REGIS	_____	TOTAL	_____	RECEIPT NO.	_____	DATE	_____
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RECEIPT NO.	_____																
DATE	_____																

**LOWELL CHARTER TOWNSHIP  
WATER CONNECTION FEES**

DATE - \_\_\_\_\_

NAME - \_\_\_\_\_

ADDRESS - \_\_\_\_\_

PARCEL NUMBER - \_\_\_\_\_

FRONT FOOTAGE - \_\_\_\_\_ FEET @ \$50.00 FF = \_\_\_\_\_

CONNECTION FEE - \_\_\_\_\_ REU(S) @ \$2,000.00/REU = \_\_\_\_\_

METER INSTALLATION - METER, INSPEC, INSTALLATION - \$445.00

METER DEPOSIT - DUE FROM PROPERTY OWNER - \$100.00

**TOTAL WATER CONNECTION FEE DUE - \_\_\_\_\_**

**SEWER CONNECTION FEES**

FRONT FOOTAGE - \_\_\_\_\_ FEET @ \$50.00 FF = \_\_\_\_\_

CONNECTION FEE - \_\_\_\_\_ REU(S) @ \$2,750.00/REU = \_\_\_\_\_

INSPECTION - \$75.00

**TOTAL SEWER CONNECTION FEE DUE - \_\_\_\_\_**

DATE - \_\_\_\_\_ AMOUNT PAID - \_\_\_\_\_

CHECK NUMBER - \_\_\_\_\_ RECEIPT NUMBER - \_\_\_\_\_