

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 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: 41 - 20 -	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: ALL 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.

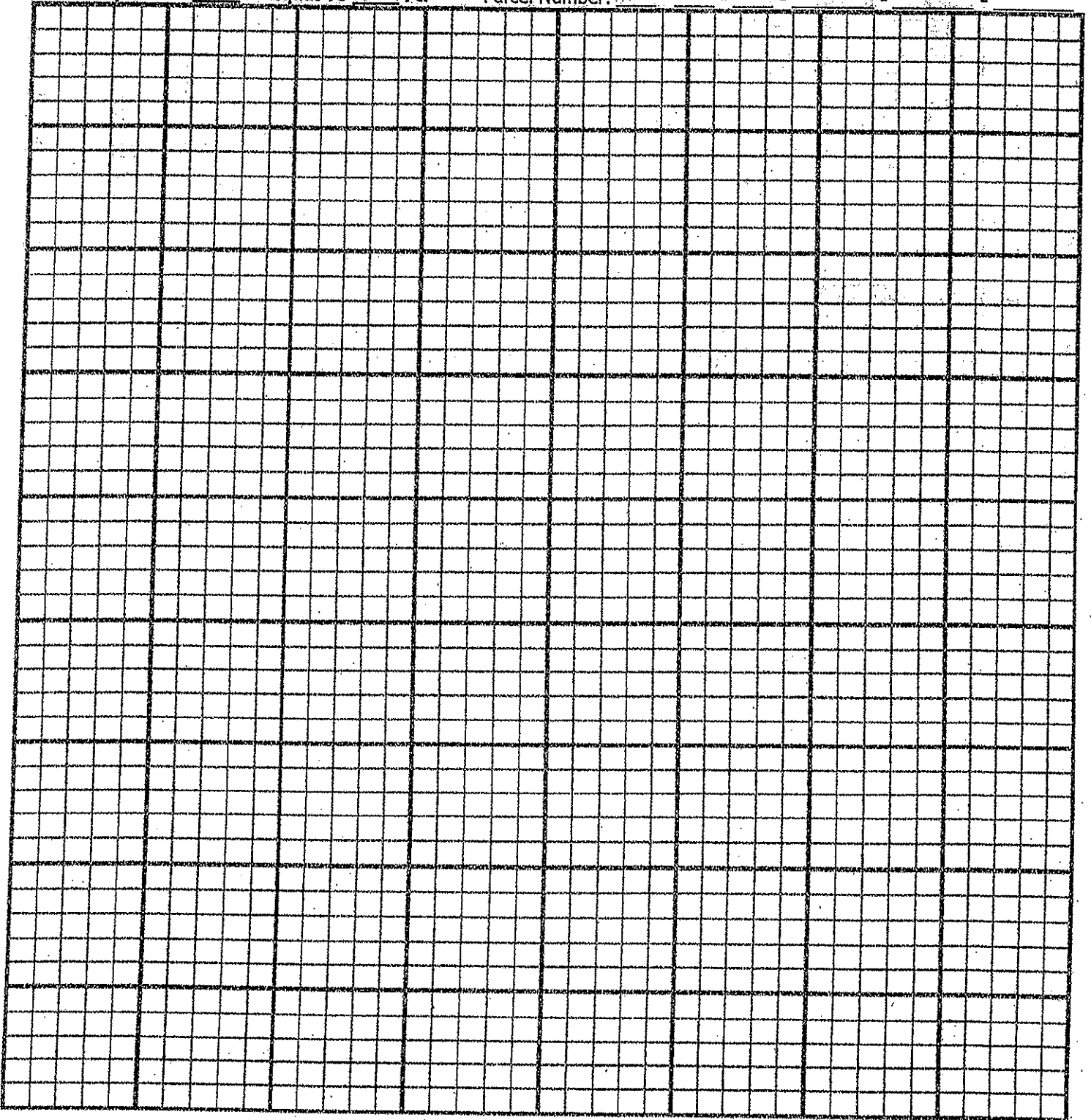
X

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

	FEES REQUIRED
BUILDING PERMIT VALUATION _____	BUILDING PERMIT _____
BUILDING INSP. APPROVAL _____	PLAN REVIEW _____
DATE _____	WATER/SEWER _____
COMMENTS _____	CONTR. REGIS _____
_____	TOTAL _____
_____	RECEIPT NO. _____
BUILDING PERMIT NUMBER _____	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 - _____