



PROJECT APPLICATION

Tittabawassee Township
 145 S. Second St., P.O. Box 158
 Freeland, MI 48623-0158
 Phone:(989)695-9512

Project Information		
Project Address	Property ID Number: 29-13-3-	Zoning Dist.*
Owner Name	Contact Address	Phone
Application Fee: \$25.00	Estimated cost of project:	

***Note: Any work in Commercial or Industrial districts requires a site plan review, contact Zoning Administrator.**

Contractor Information		
Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	Cell:

Type of Improvement:

Re-Roof of Existing Building Only		Number of squares being Installed
<i>Please refer to the Re-Roofing Information Sheet for details on the inspection and permitting process.</i>		
Type of Building	Type of Roofing	Type of Installation
___ Single Family Home *ADD \$80	___ Shingle	___ Complete tear Off
___ Duplex (Two Family Home) *ADD \$80	___ Metal Standing Seam	___ Shingle Over (Requires an onsite inspection prior to permit issuance)
___ Residential Accessory Building *ADD \$35	___ Metal Sheet (screw down)	
___ Other buildings require building permit	___ Membrane (Inspection certificate required from supplier prior to final inspection)	

___ **Residential Construction:** (New, Addition or Remodel) **Building Permit is required.** Attach site plan and note setback requirements below.

___ **Other Repairs:**

- ___ Replace/modify windows or doors: **Building Permit is required.**
- ___ Replace siding/gutters/shutters etc.: **Building permit is not required.**
- ___ Basement or foundation wall/drainage: **Building permit is required.**
- ___ Other: Describe: _____

___ **Accessory Structure, Shed or Storage Building:** Size: _____ Sq. Footage: _____ **Attach site plan. If over 200 sq. ft. a building permit is required.** Please refer to Accessory Structure Information Sheet for requirements.

___ **Flatwork:** (Driveway, patio or flat deck) Attach diagram. Raised or multilevel deck requires building permit. For driveway work, Road Commission or MDOT permit may be required. Contact appropriate office.

___ **Pool:** Attach site plan showing proposed location and setbacks. If over 24 inches in height and/or over 5000-gallon capacity, a building permit is required.

___ **Fence:** Attach site plan showing proposed location and heights. Please refer to Fence Information sheet for requirements.

___ **Pond:** (Any size) **Site plan review is required,** contact Zoning Administrator.

___ **Other:** Describe _____

Applicant Information			
<i>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</i>			
Name:	Address:		
City:	State:	Zip:	Phone:
<i>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/her authorized agent, and we have read and agree to conform to all applicable Building Codes and Zoning Ordinances of Tittabawassee Township.</i>			
<i>I accept responsibility for violations of any covenants and encroachment of any easement.</i>			
<i>I hereby grant Tittabawassee Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigations specifically related to this application.</i>			
<i>All information submitted on this application is accurate to the best of my knowledge.</i>			
Signature of Applicant:		Date:	
Email Address:			

Project cannot proceed until application is approved by township officer.

Approvals (for office use only)		
Reviewed by:	Date:	Zoning Permit #:
_____	Is project in or near a known easement? If yes, verify approval from affected agency.	
_____	Project complies with zoning requirements and this permit is approved.	
_____	Project does not comply with zoning requirements and this permit is denied.	
Comments		

Setback Requirements for dwelling unit/main structure

Zoning District	Max. Building Height	Min. Front Setback	Min. Total Side Setback	Minimum Side Setback	Minimum Rear Setback	Minimum Floor Area
AG	35	40	50	25	40	1050
R1-A	35	40	50	25	40	1050
R1-A Platted Subdivision	35	35	30	15	30	1050
R-1	35	30	20	8	30	1050
R-1V	35	16	16	8	15	900
R-2	35	30	24	10	35	900
R-3	40	30	30	15	35	varies

Setback Requirements for accessory structure

Zoning District	Max. Building Height	Minimum Total Side Setback	Minimum Side Setback	Minimum Rear Setback	Maximum Lot Coverage	Maximum Total Accessory Building Floor Area
AG	35	35	15	30	n/a	3200 SF
R-1A	25	35	15	30	25%	3200 SF
R-1A Platted Subdivision	25	30	15	5	25%	864 SF
R-1	18	15	8	5	25%	864 SF
R-1V	18	6	3	5	60%	864 SF
R-2	18	20	8	5	25%	864 SF
R-3	18	25	8	5	40%	864 SF

All accessory buildings must be at least 10' from primary structure (Michigan Fire Code) and no accessory structure is allowed in front yard or in any road or utility right of way.

INSPECTION REQUIREMENTS FOR ROOFING

Due to the nature of the process of roofing and the fact that the building inspector cannot be on your job to inspect the application of materials during the process, pictures will need to be taken and submitted by texting them to the building inspector for approval before proceeding with the job. Failure to do so can result in removal of shingles for inspection purposes.

Pictures will be needed at the following times:

1. Pictures of the roof deck after removal of old shingles
2. Pictures of any sheathing replaced
3. Pictures of the ice and water shield
4. Valleys with ice and water shield

Text these pictures before installing shingles, not at completion of job.

5. Flashings around chimneys and alongside walls
6. Ridge vent openings
7. Completed project

Text the pictures to the Building Inspector at 989-737-0464 at any time for approval.