



City of Burton
 4093 Manor Drive
 Burton, MI 48519
 (810) 742-9230

Commercial &
 Industrial
 Only

Important – Applicant to complete all items in sections: I, II, III, IV, and V

I. LOCATION OF BUILDING	Address: _____ Parcel ID#: _____
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II. TYPE AND COST OF BUILDING – All applicants complete Parts A-D

A. TYPE OF IMPROVEMENT	B. PROPOSED USE –	
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Roofing <input type="checkbox"/> Moving <input type="checkbox"/> Foundation Only	<input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional	<input type="checkbox"/> Public Utility <input type="checkbox"/> School, library educational <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Tank, towers <input type="checkbox"/> Other – Specify _____ _____ _____

C. Describe in detail proposed work to be done: (please include all drawings and specifications)

D. COST OF IMPROVEMENTS: \$ _____

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E-K

E. PRINCIPAL TYPE OF FRAME	G. TYPE OF SEWAGE DISPOSAL	J. DIMENSIONS
<input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - _____	<input type="checkbox"/> Private or private company <input type="checkbox"/> Public (septic tank, etc.)	
	H. TYPE OF WATER SUPPLY	Number of Stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, sq ft _____
	<input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)	

F. PRINCIPAL TYPE OF HEATING FUEL	I. TYPE OF MECHANICAL	K. NO. OF OFF-STREET PARKING SPACES
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - _____	Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Enclosed _____ Outdoors _____

IV. IDENTIFICATION – To be completed by all applicants

Owner or Lessee:

Mailing Address- Number, Street, City and State, Zip	Tel. No.
Email:	

Contractor:

Mailing Address- Number, Street, City and State, Zip	License #	Tel. No.
Email:		

Architect/Engineer:

Mailing Address- Number, Street, City and State, Zip	Tel. No.
Email:	

V. APPLICANT –

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 agent. I agree the statements made on the attached application are true, and if found not to be true, any permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the City of Burton Zoning Ordinance and the State of Michigan Building Code will be complied with. Further, I agree to notify the City of Burton inspection department prior to the required inspections listed on my issued permit. Further, I agree to give permission to officials of the City of Burton to enter the property subject to this permit application for the purposes of inspections. Finally, I understand this is a permit application (not a permit) and that a permit, if issued, conveys only work to be completed as shown, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property right.

<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect/Engineer	Date: _____
Print Name of Applicant		Signature of Applicant	

DO NOT WRITE BELOW THIS LINE	
Building Permit Number _____	Date Issued _____ 20 _____
Building Permit Fee \$ _____	Plan Review Fee \$ _____
Approved By: _____	
Title: _____	

In the case of tenant spaces designed by other than the Registered Design Professional in responsible charge of the building shell, it is the duty of the building owner to submit tenant space drawings to the Registered Design Professional in charge for review prior to submission for a building permit from this department.

“MBC 106.3.4.1 When it is required that documents be prepared by a registered design professional, the building official shall be authorized to require the owner to engage and designate on the building permit application a registered design professional in responsible charge. If the circumstances require, the owner shall designate a substitute registered design professional in responsible charge who shall perform the duties of the original registered design professional in responsible charge. The building official shall be notified in writing by the owner if the registered design professional in responsible charge is changed or is unable to continue to perform the duties.

The registered design professional in responsible charge shall be responsible for reviewing and coordinating submittal documents prepared by others, including phased and deferred submittal items, for compatibility with the design of the building.

Where structural observation is required by Section 1709, the inspection program shall name the individual or firms who are to perform structural observation and describe the stages of construction at which structural observation is to occur. See also duties specified in Section 1704.”

I have read and agreed to the above statement.
Signature:

License Number : _____

Print Name: _____

Registered Design Professional in responsible charge

Deferred Submittals

“MBC 106.3.4.2 For the purposes of this section, deferred submittals are defined as those portions of the design that are not submitted at the time of the application and that are to be submitted to the building official within a specified period.

Deferral of any submittal items shall have the prior approval of the building official. The registered design professional in responsible charge shall list the deferred submittals on the construction documents for review by the building official.

Submittal documents for deferred submittal items shall be submitted to the registered design professional in responsible charge who shall review them and forward them to the building professional with a notation indicating that the deferred submittal documents have been reviewed and that they have been found to be in general conformance with the design of the building. The deferred submittal items shall not be installed until their design and submittal documents have been approved by the building official.”

New Commercial Construction Check List

Please complete all of the following to make this a fast and easy process.

- _____ 1. Submit the application completely filled out with 4 site plans, and 4 sets of plans. Normal processing time is at least 7-10 days.
- _____ 2. Also, with the application include a copy of your updated builders license, and a copy of your Certificate of Liability Insurance. Both can be faxed as soon as possible to (810) 742-8015. But must be received before an inspection will be done.
- _____ 3. Any Electrical, Mechanical and Plumbing permits will go through the State; we do have the applications available.
- _____ 4. Go to the County Drain Office on the corner of Beecher and Linden Road to complete the following:
 - a. Submit and get approved a Storm Water Management Plan
 - b. Complete an REU application and pay for the Water and/or Sewer Type B permits.
 - c. Complete an IPP application and get permit when applicable
- _____ 5. Bring in proof that County permits are paid to City Hall Treasurers Office and pay the City of Burton Tap-Ins fees.
- _____ 6. Right of Way permit is included in with the application. If you are hiring an outside contractor to do the work, make sure that the City has on file a copy of the Contractors insurance and a bond for the work that is done. **Reminder: An inspection for all work in the R-O-W must be done.** Call (810) 742-9230.
- _____ 7. When everything above has been done, come to the building department to pay for and pick up your permit. Please call ahead of time for prices and/or to make sure that permit is ready to be issued.
- _____ 8. No fill can be brought to the site unless prior approval and a fill permit has been issued by the City of Burton Zoning Department
- _____ 9. Before final occupancy can be issued you must have approvals from the State of Michigan for plumbing, electrical, and mechanical on site.
- _____ 10. If at anytime in your building you decide to make a change to the site plan and building plans you must contact the building department prior to making the change so an approval can be made to the new plan.
- _____ 11. Silt fence must remain around the property for the entirety of the project, or until grass has been established throughout the property.
- _____ 12. In order to receive a full occupancy the owner/contractor must complete all of the items included in 1-11.

Thank you in advance for making this process easy for everyone.



City of Burton Fire Department

1320 S. Belsay Rd.
Burton, MI 48509
(810) 742-2158

Date Filed: _____

Total Fee: _____

Receipt #: _____

Check #: _____

Application for Fire Department plan review, inspection, and/or acceptance testing

Please Print (ALL SECTIONS MUST BE COMPLETED AND FILLED OUT)

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Business Information

Business Address: _____

Business Name: _____

Business Nature: _____

Administration Only
Associated Fees

___ Plan Review – General.....	\$75.00
___ Plan Review – New Suppression System	
1 – 200 heads	\$200.00
201 – 500 heads	\$225.00
501 – 750 heads	\$250.00
\$.20 per head over 750	
___ Plan Review – New Kitchen Suppression System.....	\$200.00
___ Plan Review – Suppression System Modification.....	\$200.00
___ Plan Review – Kitchen Suppression System Modification	\$200.00
___ Plan Review – All other types of Suppression Systems	\$200.00
___ Plan Review – New Fire Alarm System (per 10,000 square feet).....	\$155.00
___ Plan Review – Fire Alarm system Modification.....	\$155.00
___ Acceptance Testing – Suppression System.....	\$75.00
___ Acceptance Testing – Fire Alarm System	\$75.00
___ Fire Inspection – General Inspection	\$75.00
___ Permit – Suppression System (Building/Kitchen)	\$75.00
___ Permit – Fire Alarm System	\$75.00

The Fire Department has reviewed the plans or inspected the mentioned building and recommends approval contingent upon compliance with the following:



Jeffrey Wright - DRAIN COMMISSIONER
 G-4610 BEECHER ROAD
 FLINT, MI 48532
 PHONE (810) 732-7870 FAX (810) 732-2345

PLEASE COMPLETE ALL FIELDS BELOW. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

APPLICATION REQUESTING A RESIDENTIAL EQUIVALENT UNIT (REU) AUDIT

BUSINESS AND/OR CONNECTION NAME: _____

CONNECTION ADDRESS: _____

TENANT SPACE: _____

PROPERTY OWNER: _____ **PHONE:** _____

BUSINESS CONTACT: _____ **PHONE:** _____

MUNICIPALITY: _____ **PARCEL ID #:** _____

PREVIOUS BUSINESS USE: _____

PROPOSED BUSINESS USE: _____

****Does Proposed Business prepare food:** _____

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES ON LARGEST SHIFT: _____

TOTAL AREA OF BUSINESS/TENANT (INCLUDING ALL BASEMENTS AND LEVELS): _____

Please attach a letter from the local unit of government (LUG) to this application that indicates why the audit is being requested

PLEASE NOTE THAT A SIGNATURE FROM EACH ENTITY BELOW ALONG WITH A REQUEST LETTER FROM THE LOCAL UNIT OF GOVERNMENT AS DETAILED ABOVE IS REQUIRED TO CONDUCT. THE BUSINESS CONTACT IS HOWEVER REQUIRED TO SIGN THE BOTTOM OF THIS FORM ACKNOWLEDGING THE FEE STATEMENT IN THE BOX BELOW.

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

CONTACT SIGNATURE: _____ **DATE:** _____

LOCAL UNIT OF GOVERNMENT SIGNATURE: _____ **DATE:** _____

IPP: General Nondomestic User Discharge Permit Application (Attached) was received by applicant - Must be RETURNED to Genesee County Water and Waste _____
 SIGNATURE

LUG: Does this existing sanitary sewer have capacity for this proposed business? YES NO

PLEASE NOTE: By signing this application you are giving The Genesee County Drain Commissioner's Office Division of Water & Waste Services authorization to conduct an REU redetermination of the abovementioned property. This request is viewed by our office as an invitation to access your premises and buildings located on the referenced site. Once the redetermination has been completed you will be notified by this office or by your local unit of Government. THIS AUDIT MAY RESULT IN ADDITIONAL COUNTY CAPITAL IMPROVEMENT FEES (CCIF) DUE TO THIS OFFICE AS WELL AS THE TAP -IN FEES DUE TO THE LOCAL UNIT OF GOVERNMENT. ANY CCIF DUE SHALL BE PAID PRIOR TO THE LOCAL UNIT OF GOVERNMENT ISSUING A FINAL OCCUPANCY PERMIT. BE ADVISED THAT YOU ARE PROCEEDING AT YOUR OWN RISK IF YOU CHOOSE TO BEGIN WORK ON SAID TENANT SPACE AND/BUILDING PRIOR TO THE CCIF HAVING BEEN DETERMINED AND PAID. CCIF ARE \$1,000.00 PER REU FOR SANITARY AND \$1,000.00 PER REU FOR WATER. PLEASE ALLOW UP TO 2 WEEKS FOR THIS AUDIT TO BE COMPLETED.

BUSINESS CONTACT SIGNATURE

ACKNOWLEDGING STATEMENTS IN BOX

ABOVE: _____ DATE: _____

GENESEE COUNTY DRAIN COMMISSIONER'S OFFICE



-DIVISION OF- WATER & WASTE SERVICES

JEFFREY WRIGHT
COMMISSIONER

G-4610 BEECHER ROAD · FLINT, MICHIGAN 48532-2617

PHONE (810) 732-7870 · FAX (810) 732-9773

General Nondomestic User Discharge Permit Application

The permitting program for Nondomestic Dischargers is intended to identify all nondomestic users discharging to Genesee County Drain Commissioner's Office Division of Water and Waste Services (GCDCWWS) sewer systems for treatment at one of our Treatment Plants. The intent of this application is to provide information to enable an evaluation of the quality of the discharge to the sewer. This application is designed to provide initial details to issue a General Nondomestic Discharge Permit, but additional information may be requested. **Note that Significant Industrial Users, or such other Nondomestic Users as determined appropriate by the POTW Superintendent, shall complete an additional application and will be notified after the review of this General Application form.**

Completeness

Complete this mandatory form, sections A-K. The application requires both an Authorized Representative signature and a Property Owner signature. If the same person is the Property Owner and the Authorized Representative, he/she should sign both statements. The form is not considered complete without both signatures.

Include in the submittal a plumbing plan and a floor plan that includes labels for the building areas and uses.

If you have any questions please contact the Environmental Compliance Office by phone at (810) 232-7662, or Lisa Milton can be contacted by email at lmilton@gcdcwws.com. If you would like an electronic version of this form it can be found on our web site at <http://gcdcwws.com> or contact Lisa by email.

General Requirements

Nondomestic users shall have a sampling manhole outside that provides access to the discharge from their facility.

Nondomestic Users with a process waste water discharge shall have a sampling manhole outside that provides access to the wastestream without sanitary waste contribution.

Multi-tenant spaces are required to install two separate sewer lines in the building. One line will be for sanitary sewage and the other for process waters. The process line will be brought outside each tenant space. Each tenant space is required to submit a separate application form.

Transferability:

"Nondomestic Discharge Permits" are not transferable. New owners are required to apply for a new permit by completing an "Application for Nondomestic Discharge Permit." New applications are also required upon change of ownership, remodeling, addition, or change of use of the building.

Payment:

There is a minimum of \$100.00 review and permit fee. The Permit fees vary based on the type of discharge. The review letter sent out will include any additional permit fee amounts owed. A complete list of permit fees are available on the web site.

Definitions:

See the Sewer Use Ordinance online at <http://gcdcwws.com> for a complete set of definitions and requirements for discharge to the sewer.

Genesee County Water and Waste Services

General Nondomestic User Discharge Permit Application

A. GENERAL INFORMATION

Name (Owner/Manager/Contact Person) Phone Number

Street (Mailing address for correspondence)

City State Zip Code

(Business Name – Service Location)

Street (Legal address, Tax ID, or parcel number of property discharging to sewer system)

City State Zip Code

Township County

Phone Fax E-Mail

B. Provide a brief description of the manufacturing, production or service activities your company conducts. _____

C. Number of Employees: _____

D. Average monthly water usage (gallons): _____

E. Hours of Operation
hrs/day _____ days/week _____ shifts/day _____ months/year _____

F. Business Activity (check all that apply)

New construction Addition Change of Ownership

Remodel Change of use

Multi-tenant space - - - If yes how many tenant spaces? _____

G. This facility generates the following type of wastes for discharge to the sanity sewer.
(Check all that apply)

- Domestic Wastes Process Water Scrubber Arsenic backwash
 Non-contact Cooling Water Fats, oil and grease Trap/Interceptor
 Amalgam Separator Photo Processing/X-ray developing water
 Other describe)_____

H. Submit a plumbing plan and a floor plan that includes labels for the building areas and uses with this form.

I. AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Signature
(Responsible for the discharge)

Authorized Representative Name (Please Print)

Authorized Representative Title (Please Print)

Date

J. PROPERTY OWNER STATEMENT

By my signature below, I certify, acknowledge, and agree as follows:

I am the legal owner (or the duly authorized representative of the legal owner) (the "Property Owner") of the above-described property (the "Property"). This application for a permit to authorize the discharge of wastewater to the public sewer from the Property is submitted with my permission, authority, and consent.

I am aware and understand that the discharge of wastewater from the Property to the public sewer is governed by, and subject to, local, state, and federal laws and regulations; that these laws and regulations impose certain financial and legal requirements, responsibilities, and liabilities on the Property and on the Property Owner; and that these requirements, responsibilities, and liabilities, include, but are not limited to, the following: Effective immediately upon the provision of wastewater treatment service to the Property, the Genesee County Drain Commissioner's Office, Division of Water and Waste Services, shall have a lien upon the Property, as security for the collection of wastewater treatment system rates and/or charges, which lien shall be enforceable as provided by law.

Property Owner Signature

Property Owner Name (Please Print)

Property Owner Title (Please Print)

Date

