



TOWNSHIP OF RAY

Building Department

64255 Wolcott Road, Ray Township, MI 48096 (586) 749-5171
Building Department Ext 203
Fax (586) 749-6190 Website: www.raytpw.org

Board of Trustees

Joe Jarzyna, Supervisor
Lori Lascoe, Clerk
Douglas Stier, Treasurer
Charles Bohm, Trustee
Betty Grader, Trustee

MINIMUM REQUIREMENTS FOR RESIDENTIAL BUILDING PERMIT

1. COMPLETED AND SIGNED BUILDING PERMIT APPLICATION FORM.
2. COMPLETED AND SIGNED CERTIFICATE OF ZONING COMPLIANCE.
3. VALID WATER SUPPLY PERMIT (MACOMB COUNTY HEALTH DEPARTMENT* SEE BELOW) AND WELL RECORD. **WELL REQUIRED BEFORE APPLICATION IS REVIEWED.**
4. VALID SEWAGE DISPOSAL PERMIT (MACOMB COUNTY HEALTH DEPARTMENT* SEE BELOW).
NOTE: The final grade of a building shall be a minimum of fourteen (14") inches, up to a maximum of thirty (30") inches, above the tile invert of the field as established by the Macomb County Health Department. Any other variances from these grade requirements must be submitted to the Ray Township Zoning Board of Appeals. (See Section 203 Building Grades – attached).
5. VALID CULVERT PERMIT (MACOMB COUNTY DEPARTMENT OF ROADS) ** SEE BELOW.
6. SOIL EROSION PERMITS, ACT #347 (MACOMB COUNTY PUBLIC WORKS). For house and/or pond.***SEE BELOW.
7. SITE PLAN (3 COPIES FOLDED) show proposed and existing grade and must show road elevation at both corners using Health Department Bench Mark. Must be a certified engineered grade. Show elevation, drain and swales on site plan. Plans no larger than 24"x36" (Standard size). (1 copy retained by Building department and 1 by Assessor).
8. 3 PRINTS OF PROPOSED STRUCTURE (STAPLED AND FOLDED) (1 copy retained by Building department and 1 by Assessor, 1 returned to builder/contractor). Proposed Structures over 3,500 square feet require Architectural Seal and Signature on every page. Building Inspector may require copies of roof trusses and/or floor trusses. This includes commercial. Plans no larger than 24"x36" (Standard Size).
9. MICHIGAN UNIFORM ENERGY CODE WORKSHEET.
10. HOMEOWNERS PERMIT (Estoppel Certificate) or CURRENT BUILDERS LICENSE REQUIRED. Builder to furnish letter authorizing application letter authorizing signer if not same name. Builder to furnish: Federal employer I.D.#, M.E.S.C. Employer #, Copy of Workman's Compensation Insurance and Liability Coverage, Driver's License # and date of birth.
11. CZC & PLAN REVIEW APPLICATION FEE: Due with application. (NON-REFUNDABLE).
HOMES UP TO 3,499 SQ. FT. - \$150.00
HOMES 3,500 SQ. FT AND OVER \$400.00
12. PERFORMANCE BOND required when permit is issued
To 3,499 SQ. FT. - \$1,000.00
3,500 SQ.FT. AND OVER - \$2,000.00
13. PERMIT FEE: Required when permit is issued. See fee schedule attached.
14. A FINAL BUILDING INSPECTION IS REQUIRED FOR OCCUPANCY – ADDRESS POST IS REQUIRED FOR OCCUPANCY
Address Plate and 4" reflective white numerals for each side of plate can be purchased for \$20.00 at the Ray Township Office.

*Macomb County Health Department
43525 Elizabeth Road
Mt. Clemens, MI 48043
Phone (586) 469-5512
Fax (586) 469-5885
Web: health.macombgov.org

**Macomb County Department of Roads
117 South Groesbeck Highway
Mount Clemens, MI 48043
Phone (586) 463-8671
Fax (586) 469-6130
Web: roads.macombgov.org

***Macomb County Public Works
21777 Dunham Road
Clinton Township, MI 48036
Phone (586) 469-5325
Fax (586) 469-5933
Web: publicworks.macombgov.org