



**NEWAYGO COUNTY  
DEPARTMENT of BUILDING SAFETY  
& PERMITS**

*Insuring Public Safety, Health and Welfare*

**INSTRUCTIONS TO OBTAIN A SWIMMING POOL PERMIT**

In order to obtain a swimming pool permit from the Newaygo County Department of Building Safety & Permits, the following items will need to be submitted for review.

1. A zoning clearance from the township or city zoning official
2. An Application for Plan Review & Building or Mobile Home Permit which can be obtain by from our office.
3. Pool Equipment Specification Sheet (copy attached)
4. A plot plan & a set of plans. (Section 3109 Michigan Building Code, attached)
5. An electrical permit. Wiring must be inspected before covering.

If you have any questions on the above matter, please feel free to contact me between  
8:00 am – 10:00 am at (231) 689-7216.

Sincerely,

Ronald D. Cole  
Newaygo County Building Official



Newaygo County Building Department

Permit No. \_\_\_\_\_

Use Group \_\_\_ Type Const \_\_\_
Permit fee \$ \_\_\_\_\_.00
Plan Review Fee \$ \_\_\_\_\_.00
Total \$ \_\_\_\_\_.00

P.O. Box 885, 306 South North Street
White Cloud, MI 49349
Phone (231) 689-7216 FAX (231) 689-7219

Office Hours:
8:00 a.m. - Noon
1:00 p.m. - 4:00 p.m.

APPLICATION FOR PLAN REVIEW, BUILDING OR MOBILE HOME PERMIT

(Permit fee must accompany application.)

LOCATION OF BUILDING Check No. Receipt No.: Date:
Job Location: \_\_\_\_\_ N S E W Township/City: \_\_\_\_\_
Between: \_\_\_\_\_ and \_\_\_\_\_ Section: \_\_\_\_\_
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Parcel No: 62- - - -
Is the above property lakefront? Yes No Within 500 feet of a river, lake or drain? Yes No

APPLICANT

Applicant: \_\_\_\_\_
PO Box/Suite No/Bldg. Name: \_\_\_\_\_
Street Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
Project: \_\_\_\_\_
OFFICIAL USE ONLY
Required Permits: [ ] Elec. [ ] Mech. [ ] Plumb
APPROVAL No. of Inspections. \_\_\_\_\_
[ ] Rolled plans [ ] Spec Book

TYPE OF IMPROVEMENT (List all that apply)

1. [ ] New Building 2. [ ] Addition 3. [ ] Alteration 4. [ ] Repair, replacement 5. [ ] Demolition
6. [ ] Moving Structure w/ Foundation 7. [ ] Change of Use from \_\_\_\_\_ to \_\_\_\_\_
8. [ ] Other 9. [ ] Other \_\_\_\_\_

PROPOSED USE-Residential-One and Two Family (check all that apply & include size/area of each use)

1. [ ] One family or 2. [ ] Two family \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_ 3. [ ] 2nd Floor/Loft \_\_\_\_\_ sf.
4. [ ] Basement \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_ 5. [ ] Basement Finished \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_
6. [ ] Deck \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_ 7. [ ] Porch \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_
8. [ ] Garage: \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_ Attached? [ ] yes [ ] no Type: [ ] Conventional [ ] Pole
9. [ ] Carport \_\_\_\_\_ x \_\_\_\_\_ 10. [ ] Roof System \_\_\_\_\_ x \_\_\_\_\_ 11. [ ] Other Specify \_\_\_\_\_
12. [ ] Modular 13. [ ] Single Wide Mobile Home 14. [ ] Double Wide Mobile Home
Size \_\_\_\_\_ x \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Serial No. \_\_\_\_\_

-Nonresidential and Multi-Family Residential

1. [ ] Theater A-1 2. [ ] Restaurant A-2 3. [ ] Church, Library, Court A-3 4. [ ] Recreational A-4&5
5. [ ] Business, Office, Bank B 6. [ ] Educational, School, Day Care E 7. [ ] Factory, Industrial F-1&2
8. [ ] High Hazard H-1-5 9. [ ] Institutional, Jail, Hospital I-1-4 10. [ ] Mercantile, Stores, Service Sta. M
11. [ ] Multi-Family, Hotel, Motel R-1 12. [ ] Multi-Family, Apartments R-2 13. [ ] 1&2 Family <5, R-3
14. [ ] Residential, Assisted Care >5&<16 R-4 15. [ ] Storage, Warehouse S-1&2 16. [ ] Tanks, Towers U
Specify Nature of Project \_\_\_\_\_

SELECTED BUILDING CHARACTERISTICS

Total Sq. Ft. 1st Floor \_\_\_\_\_ Total Sq. Ft. 2nd Floor \_\_\_\_\_ Total Sq. Ft. Basement \_\_\_\_\_
No. of Bedrooms \_\_\_\_\_ No. of Baths \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bldg: \_\_\_\_\_ No. of Units: \_\_\_\_\_

COSTS OF IMPROVEMENTS

Table with 2 columns: COSTS OF IMPROVEMENTS and COMMENTS. Rows include Building, Electrical, Plumbing, Mechanical, and TOTAL.

Address: \_\_\_\_\_ Township/City: \_\_\_\_\_ Permit no. \_\_\_\_\_

**REQUIRED PERMITS AND CLEARANCES (refer to hand-out for additional information)**

**1. TOWNSHIP/CITY ZONING OFFICIAL -Zoning Permit/Clearance (must provide a copy)**

Required - Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2. DRAIN COMMISSIONER - Soil Erosion Permit**

Required - Contact: Mon. - Fri. 7:00-12:00 & 1:00-4:00 Telephone: (231) 689-7213

Date Approved: \_\_\_\_\_ Number: \_\_\_\_\_ By: \_\_\_\_\_ Dept. Author: \_\_\_\_\_

**3. HEALTH DEPARTMENT - Sewage Treatment/Well/BPA (must provide a copy)**

Required - Contact: Mon. - Fri. 8:00 - 4:30 Telephone: (231) 355-7537

Date Approved: \_\_\_\_\_ Number: \_\_\_\_\_ By: \_\_\_\_\_ Dept. Author: \_\_\_\_\_

**4. MICHIGAN DEPARTMENT OF NATURAL RESOURCES - Floodplain/Wetland Construction Permit**

Required - Contact: Mon. - Fri. 8:00-12:00 & 1:00-5:00 Telephone: (616) 456-5071

**5. COUNTY ROAD COMMISSION - Driveway Permit**

Required - Contact: Call for Summer or Winter hours Telephone: (231) 689-6682

**IDENTIFICATION**

**OWNER OR LESSEE:** Name: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Owner:  Lessee:

**ARCHITECT OR ENGINEER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ License No: \_\_\_\_\_ Expir. Date: \_\_\_\_\_

**LICENSED CONTRACTOR:** Name: \_\_\_\_\_ Newaygo Co. ID No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ License No: \_\_\_\_\_ Expir. Date: \_\_\_\_\_

Worker's Disability Insurance Carrier (or reason for exemption): \_\_\_\_\_

Federal Employer Identification No. (or reason for exemption): \_\_\_\_\_

Michigan Employment Security Commission Employer No. (or reason for exemption): \_\_\_\_\_

Note: Section 23a of the state construction code act of 172, Act No. 230 of the Public Acts of 1972, being sections 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

**APPLICANT AFFIDAVIT**

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Driver's License No. (required) \_\_\_\_\_



# NEWAYGO COUNTY DEPARTMENT OF BUILDING SAFETY & PERMITS

*Insuring Public Safety, Health and Welfare*

## POOL EQUIPMENT SPECIFICATIONS

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

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

Pool data: Width \_\_\_\_\_ Length \_\_\_\_\_ Free form \_\_\_\_\_

Minimum Depth: \_\_\_\_\_ Maximum Depth: \_\_\_\_\_ Capacity in gallons: \_\_\_\_\_

Pool equipment: (Attach data sheet for pool equipment.) Pump Model No.: \_\_\_\_\_

Serial No: \_\_\_\_\_ Filtration Equip: Type \_\_\_\_\_

Skimmer: \_\_\_\_\_ Piping Sizes and Material \_\_\_\_\_

Vacuum Lines: \_\_\_\_\_ Heater data: \_\_\_\_\_

Calculation rate for turnover of pool water: Pump Rate: GPM \_\_\_\_\_ x 60 = \_\_\_\_\_ GPH

Filtration Rates: GPM or GPH \_\_\_\_\_ Method of Disinfection: \_\_\_\_\_ Test kit furnished? \_\_\_\_\_

Waste Water Discharged: To storm sewer \_\_\_\_\_ to sanitary: \_\_\_\_\_ pumped to lawn \_\_\_\_\_

Water supply must be protected by a back flow preventer:

Pool Barrier: Fence \_\_\_\_\_ Walls \_\_\_\_\_ Other \_\_\_\_\_ Pool cover (Check code for details) \_\_\_\_\_

Material: Wood - Rails \_\_\_\_\_ Wood Lattice \_\_\_\_\_ Chain Link Fence \_\_\_\_\_

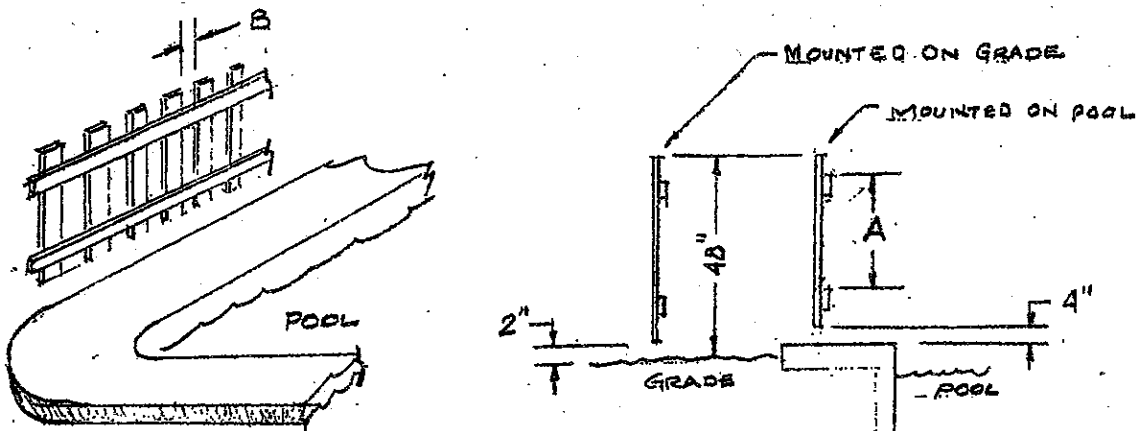
Access Gate: Self locking latch required. (Check code for details) Gate must open outward. Doors on house wall to pool require audible alarms. (Check code for details)

See next page for pool barrier design requirements. A set of plans and plot layout must be provided with the application.

**NOTE:** All plans and specifications must comply with the existing Michigan Building Code. This application does not cover all code requirements concerning pool installation.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_



HORIZONTAL MEMBER	VERTICAL MEMBER
IF A IS 45" OR MORE	THEN B IS 4" MAX
IF A IS LESS THAN 45"	THEN B IS 1 3/4" MAX

PROVIDE SKETCH OF POOL AREA