Stockbridge Village

Zoning & Building

P.O. Box 565 Stockbridge, Mi. 49285
Phone: (517) 851-9362, Fax: (517) 851-7530

The following is required information that must accompany all applications in order to obtain a Zoning, Building, Address, Electrical, Plumbing and/or Mechanical permit:

a. Property Tax Identification Number, Section number. Proof Property Taxes are paid to current.
b. Address is applied for through Stockbridge Township Building Department.
c. Proof of ownership (Registered survey or proof of taxes paid), with Address of property
d. Driveway permits from Ingham Co. Road Commission for a county road or a permit from Michigan Department of Transportation for a State highway (M-52, M-36 or M-106).
e. Proof from Village office for water and sewer hookup or approval.
f. Soil Erosion /Sedimentation control permit/waiver from Ingham County Drain Commission.
g. 2 copies of blue prints, reduced sized (11" X 17") (Of the purposed development or improvements) all copies will be signed and approved. Any residential structure over 3500 sq ft must have Engineered or Architectural prints-- STAMPED and SIGNED. 3 copies of truss design drawing or truss design data sheet, as per Sec. R 802.10 M.R.C. or Sec. 2303.41 M.B.C.
h. A drawn site plan indicating the distance from the structure to the following: road right of way, rear property line, and the side property lines (8 ½" x 11).
i. Any variances that may have been granted from Stockbridge Zoning Board of Appeals.
j. *Zoning Permit Fee*. Check made out to: Stockbridge Township

Zoning is required for all buildings; **however, a Building Permit is not required when building an accessory building of 200sq ft or less. NOTE: Property lines and proposed development must be visibly staked.**

Required setbacks are as follows: Contact Zoning Administrator Katrina Griffith for information.

Driveways >100 feet must be installed prior to construction or must post a bond for the construction from a written estimate prior to issuance of permits. The estimated amount must be made payable to Stockbridge Township. Certificate of Occupancy permits **will not** be issued prior to completion of proposed driveways. **Please allow 3 days for issuance of C of O after FINAL inspection is complete.**

Contacts and Numbers of Interest:

Building Department Clerk: Meredith McManaman (517) 851-9362 building.stockbridgetwp@gmail.com
Zoning Administrator: Katrina Griffith (517) 985-6017 **zoning@stockbridgetwp@gmail.com**
Building Inspector: Rohn Tripp (517) 206-7043 rohntripp@yahoo.com
Electrical Inspector: Matthew Wood (517) 569-2003 mwelectricllc@outlook.com
Mechanical Inspector: Tim Basore (517) 230-6124 lbasore@att.net
Plumbing Inspector: Tim Basore (517) 230-6124 lbasore@att.net
Driveway Inspector: Katrina Griffith (517) 985-6017 **zoning@stockbridgetwp@gmail.com**
Ingham County Drain Commission: Jason Lynn (517) 676-8395 Soil erosion permit/waiver https://www.inghamsesc.org/
Ingham County Road Commission: (517) 676-2200 County Road driveway permit
Ingham County Health Department: (517) 887-4312 Well and Septic permits
Michigan Department of Transportation: (517) 335-3928 Permits on M-52 & M-36 & M-106
Miss Dig: (800) 482-7171 Before you dig. Free location of public utilities.

NOTE: building permits are good for one year. A 3-month extension is available when applied for.

Building Permit Fees are based on the sq. footage and an estimated number of inspections. *If there are any additional inspections, you are responsible to pay for them.*
Please make checks payable to Stockbridge Township.

Revised 07/24/2026

VZ-_____
VB-_____
VDW-_____
VE-_____
VP-_____
VM-

ZONING, BUILDING & ADDRESS PERMIT APPLICATION

Stockbridge Village Building Department

Phone: (517) 851-9362 Fax: (517) 851-7530
Hours: 9:00 a.m. – Noon, Monday – Friday

Office Use Only
Assigned Address:

Approved by:_____

Date:

I. Location of Development:

Address	*Property I.D. Number*	
Township ***Stockbridge***	*County* ***Ingham***	*Zip* ***49285***
*Between (*cross streets*):* ***and***	(For addressing) *Between* (addresses on both sides): ***and***	

II. Owner Information:

Name	*Phone*	*Cell*	
Address	*City*	*State*	*Zip*

III. Contractor Information **(if applicable):**

Name	*Phone*	*Cell*	
Address	*City*	*State*	*Zip*
License No.	*Expiration Date*		
Federal I.D. No. *Reason for Exemption:*			
Workers Comp. Insurance. Carrier *Reason for Exemption:*			
MESC Employer No. *Reason for Exemption:*	***Contractor Signature:***		

IV. Architect or Engineer *(if applicable):*

Name	*Business Name*		
Address	*City*	*State*	*Zip*
License No.	*Expiration Date*	*Phone*	

V. Type of Development: (circle type of project(s)):

New Home Manufactured Home Mobile Home Addition Attached Garage
Unattached Garage Pole Barn Accessory Building Porches / Decks Alteration
Repairs Renovations Relocation Driveway over 100'
Pool: In-ground or Above-ground *Address only* *Towers>200 sq. ft.*

Building structure 200 square feet and over? YES / NO
Is there an existing home located on the proposed building site? YES / NO
Is the proposed structure to replace an existing structure? YES / NO
Is electrical going to be provided to the mentioned structure? YES / NO
By checking NO, you are responsible for all fines assessed by the inspector for electrical done prior to application of electrical permit.

Stockbridge Township Ordinances prohibit more than one dwelling on a parcel. A Special Use Permit is required prior to issuance of ANY permits for construction of a dwelling on a parcel with an existing dwelling. See Building Clerk for details.

VI. Proposed use of Building:

One Family *Duplex* *Three or more Families – (No. of units)* *Hotel / Motel – (No. of units)*

ZONING & BUILDING

VII. Non-Residential (if applicable)*:*

Amusement *Service Station* *Church / Religion* *Industrial* *Parking Garage* *Storage Bldg.* *Hospital* *Public Utility*

Office *Bank* *Store / Mercantile* *Storage Tanks* *Towers*

Non-Residential: Describe in detail proposed use of building, e.g., Food Processing plant, Machine Shop, Laundry Bldg. at Hospital, Elementary School, Secondary School, College, Parochial School, Parking Garage for Department Store, Rental Office Bldg., Office Bldg. at Industrial plant. If use of Existing Building is being changed, enter proposed change:

VIII. Characteristics of Building:

***Basement Type**:* *Blocks* *Poured* *Wood* ***Wall Thickness**:*	***Frame Type:*** *Masonry* *Wood* *Steel* *Concrete* *Other / Explain:*
Exterior Coverage: *Aluminum* *Vinyl* *Brick* *Wood* *Steel* *other:*	
Roof Coverage: *Asphalt* *Fiber Glass* *Wood* *Steel* *other:*	
Water Supply: *Public.* *Private* *other:*	
Sewage Disposal: *Public* *Private* *other:*	
Mechanical: *Heating* *Air Condition* *Bath Vents* *Elevator* *other:*	
Heating Type: *Forced Air* *Hot Water* *Electric Heat* *Coal / Wood Burner* *Other:*	
Heating Fuel: *Natural Gas* *Propane* *Oil* *Electricity* *Wood / Coal* *Other:*	
***Dimensions**:* ***Square Footage**:* ***No. of Floors**:*	
***Lot Size**:* ***Acreage**:* ***Estimated Cost**:*	

IX. Applicant Information: *Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:*

Name:_____ ***Phone:***_____

Note: Fees are based on square footage & estimate of number of inspections. If any additional inspections are incurred, you must pay for them.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, Being Section 125,1523A of the Michigan Compiled Laws, Prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential structure. Violators of Section 23A are subject to Civil Fines.

Note: ***Stockbridge Township does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.***

I hereby certify that the owner of record authorizes the proposed work and that the owner to has authorized me to complete this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All Information submitted on this application is accurate to the best of my knowledge.

_____ _____

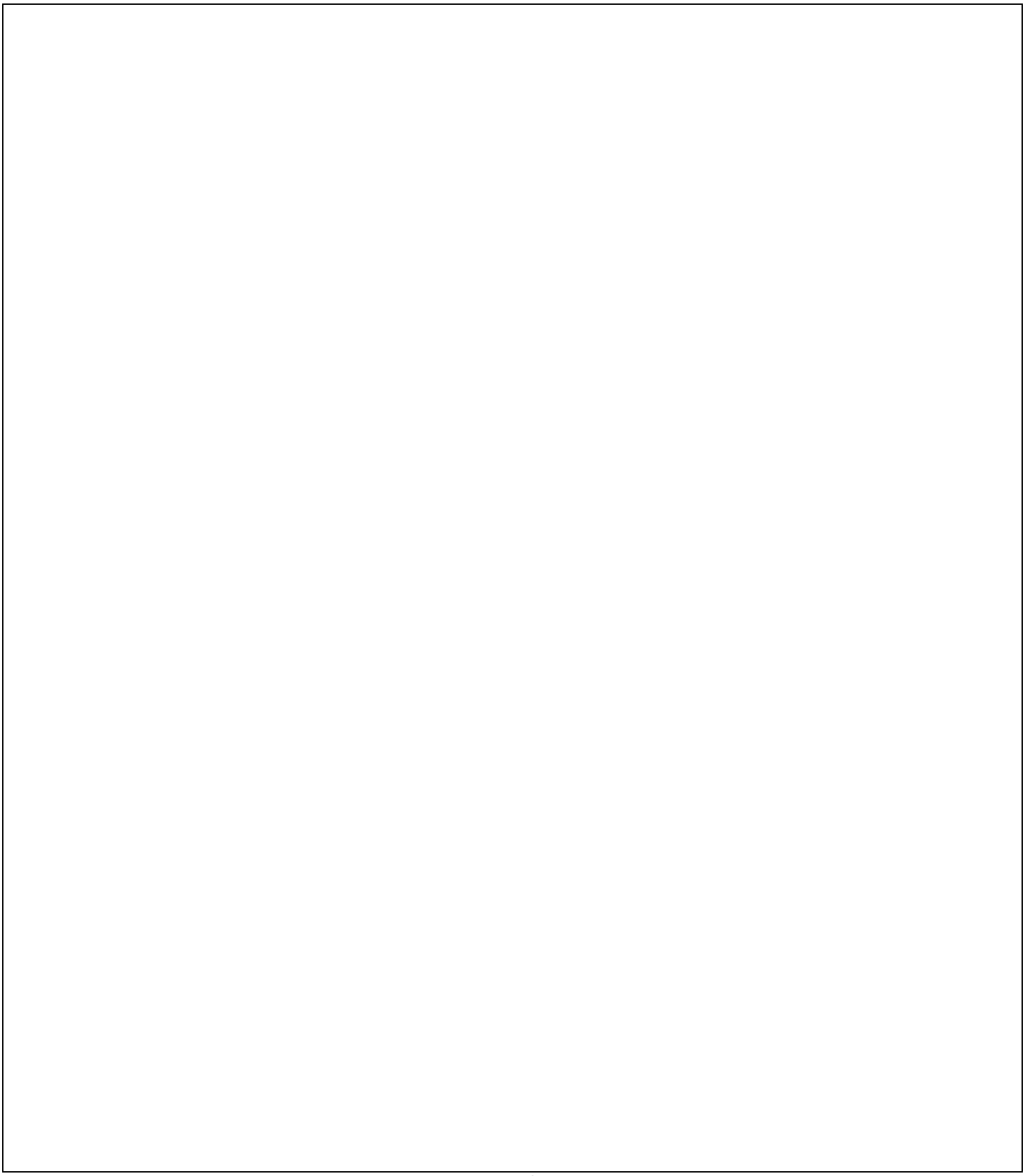
Signature of Applicant: ***Date***

Office use only:

Zoning Permit Fee	***Building Permit Fee***	***Total***	
Addressing Inspection Fee		***Total***	
Cash / Check #:	***Receipt #:***	***Total***	***Balance***
SIGNATURE OF ZONING APPROVAL:		***DATE:***	

Additional fees due to additional/failed inspections will be assessed and are not reflected here.

Site Plan: *North*



South