

# APPLICATION FOR ZONING PERMIT

(Expires 1 year from date of issuance.)

St. James Township

Charlevoix County, Michigan

(Please print clearly or type  
all information.)

FEE AMOUNT: \$ 75.00 (See Attached Schedule)

Check # 1050

(Make check payable to appropriate township.)

## I. Identification - Complete the following:

- A. Property Owner(s) Scott Welke  
Address PO BOX 33 Beaver Island MI  
Zip Code 49782 Phone (517) 617-5007
- B. Applicant, if other than property owner Dan Burton  
Address 28599 Hildewy Trl B.I. MI  
Zip Code 49782 Phone (231) 622-3324
- C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary): WOTAN DR. KARNES Woods  
Street address of property (required) Unit 18  
Property tax ID no. 15-013-590-018-00  
Zoning District in which property is located 1H (Ex: R-1, R-2, A, H etc.)  
Are there any dedicated rights-of-way or easements which abut or traverse part or all of the subject property? N/A

(If yes, illustrate locations on sketch plan.)

## D. Furnish evidence of the following:

- Driveway/Road Permit, obtained from the Charlevoix County Road Commission.
- Property address, obtained from the Charlevoix Co. Equalization Dept.
- Proof of ownership of the property on which use will occur.
- Health Dept. approval/permit for on-site septic system or hook-up to sewer system.
- Soil and Erosion permit, (if the site is within 500 feet of a lake or stream.)
- Other information with respect to the proposed structure, use, lot, and adjoining property as may be required by the Zoning Administrator.

## II. General information - Complete the following:

- A. Lot dimensions 200 X 300; Total square feet or acres \_\_\_\_\_
- B. Exterior dimensions of proposed structure 40 X 40; Height 10' ft.

### C. Proposed use:

#### Residential

- ☒ One Family  
( ) Two or more family  
Number of units \_\_\_\_\_  
( ) Transient hotel or motel  
Number of units \_\_\_\_\_  
( ) Mobile Home  
☒ Accessory building  
specify POLE BARN  
( ) Other (Specify) \_\_\_\_\_

#### Non-Residential

- ( ) Commercial  
specify \_\_\_\_\_  
( ) Industrial  
specify \_\_\_\_\_  
( ) Other  
specify \_\_\_\_\_

General Information (continued)

F. Type of improvement: (check as many as appropriate)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Building  | <input type="checkbox"/> Repair, replacement |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Wrecking            |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Moving, relocation  |
| <input type="checkbox"/> Earth change involving land within 500 feet of a lake or stream; |  |

Number of feet to the water \_\_\_\_\_

Body of water involved \_\_\_\_\_

G. Names of Contractors involved in the project: \_\_\_\_\_

Dan Burton

III. Complete a sketch (see page 3) or separate site plan, which MUST include:

- A. Any existing structure(s) including location and exterior dimensions.
- B. Proposed structure(s) including location and exterior dimensions.
- C. Location of existing or proposed well and septic system.
- D. Location of any public roads or rights-of-way and/or any easements which abut or traverse all or any part of this property.
- E. Location of shore line if this site is within 500 feet of a lake or stream.
- F. Location of structures on abutting lots that are within 10 feet of the property lines.
- G. Depths of all yards; front, back, and side yards (distances from the building lines, including decks, porches, etc., to property boundaries.)
- H. Other details as may be required by the Zoning Administrator.

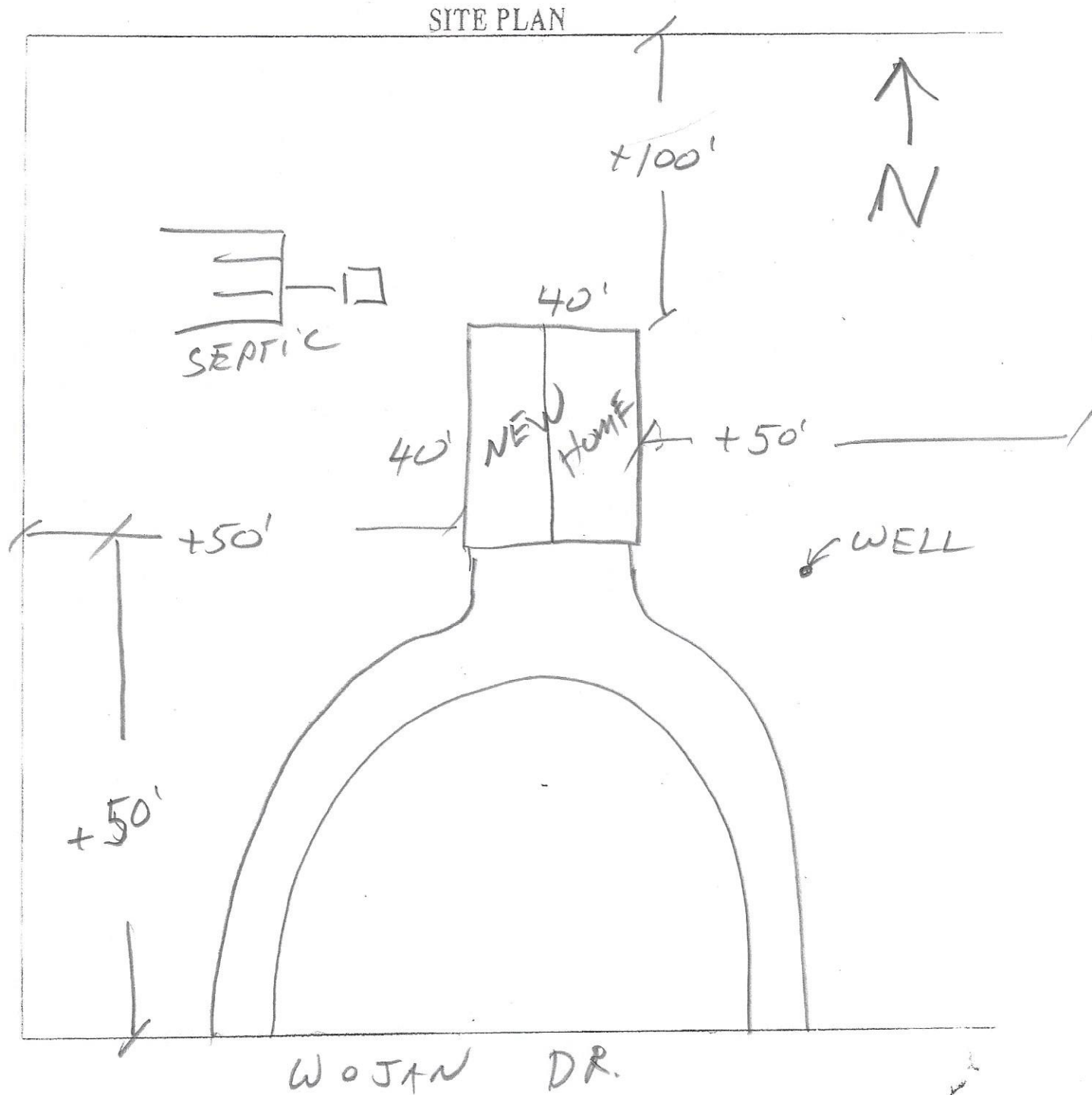
I hereby depose and say, under the penalties of perjury, that all the statements and information contained herein or submitted with this application are true. If any statements or information are found at a later date to be false, this permit shall become null and void.



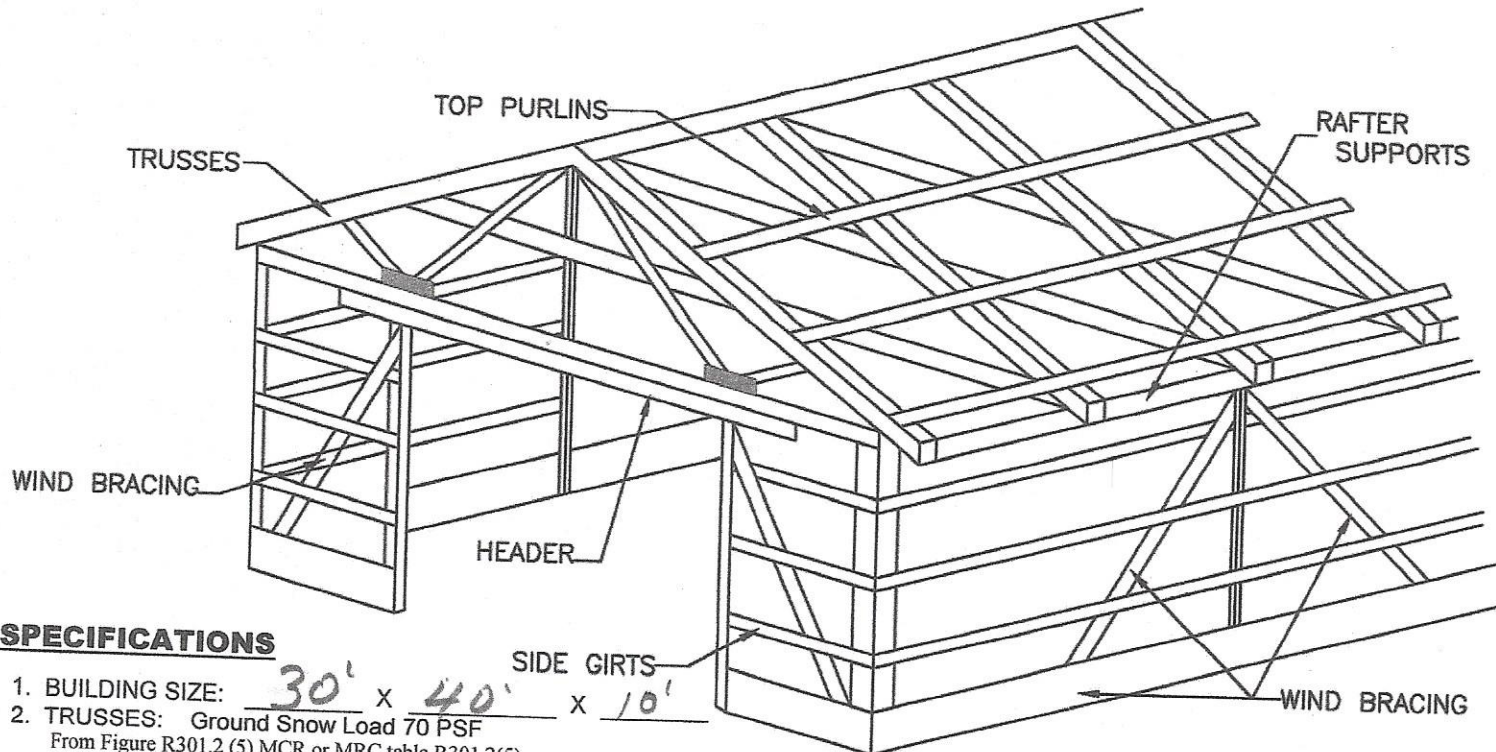
\_\_\_\_\_  
Signature of Owner or Duly Authorized Legal Agent

SHOW THE FOLLOWING ON YOUR SITE PLAN:

- a) An arrow indicating NORTH.
- b) All items listed in Section III of page 2.



# CHARLEVOIX COUNTY BUILDING DEPARTMENT RESIDENTIAL POLE BUILDING PLAN & SPECIFICATIONS



## SPECIFICATIONS

1. BUILDING SIZE: 30' X 40' X 10'
2. TRUSSES: Ground Snow Load 70 PSF  
From Figure R301.2 (5) MCR or MRC table R301.2(5)
3. TRUSSES: ☒ YES ☐ NO
4. TRUSS SPACING: 24" @ O.C.
5. RAFTERS: 4 X 6 X 8' O.C.
6. POSTS: 4 X 6 @ 8' O.C.
7. FOOTINGS: Conc. 26" X 8"
8. CONCRETE FLOOR: ☒ YES ☐ NO
9. MAIN DOOR HEADER: 2 X 12 & 10'
10. TOP GIRTS: 2 X 4 @ 24" O.C.
11. SIDE GIRTS: 2 X 4 @ 24" O.C.

## WIND BRACING

Wind pressure on the walls will cause the pole to bend at the ground line. A WIND BRACE should be provided at the eave line for buildings with a side wall height of over 10', and for buildings 60' long and over. The BRACE should be a 2" x 4" at least 12' long, extending from the pole to the rafter at an angle of 45 deg to the side wall.

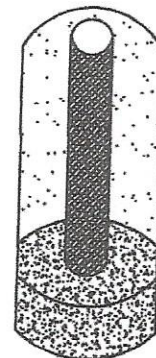
\*BRACING IN ROOF: TO PROVIDE FOR LATERAL SUPPORT OF THE TRUSSES - SEE MANUFACTURED TRUSS CERTIFICATION AND THE 2013 BCSI-B10 OR SBCA PER (R802.10.3 MRC 2015)

## POLE SPACING INFORMATION

POLE SPACE	BLDG WIDTH	PAD DIAMETER
<u>8'</u>	<u>30'</u>	<u>26"</u>

## CONCRETE PAD

Minimum of 8" inches thick 2500 PSI concrete. NO DRY MIX FOR PADS.



**ALL FOOTINGS 48" TO THE BOTTOM OF THE HOLE.**

## RAFTER SUPPORTS

POLE SPACE	BLDG WIDTH	SIZE & # OF CARRIERS
<u>8'</u>	<u>30'</u>	<u>3-2X12</u>

## EAVE HEIGHT (CIRCLE)

- 10' - 4" X 6" thru 40' LENGTH
- 10' - 6" X 6" thru 60' LENGTH
- 12' - 6" X 6" thru 50' LENGTH



# HEALTH DEPARTMENT

of Northwest Michigan

Health Department of Northwest Michigan Charlevoix  
220 West Garfield  
Charlevoix, MI 49720  
(231) 547-6523

Permit Issued To:  
Scott Welke  
PO BOX 33  
Beaver Island, MI 49782  
(517) 617-5007

Mail Permit To:  
Bobbi Welke  
PO BOX 356  
Beaver Island MI 49782

Permitted Location:			
Address:	0000 Wojan Rd	Permit Number:	C23-122
County:	Charlevoix	Permit Type:	Well Permit
Township:	St. James	Section:	27
Subdivision:	Karnes Woods	Lot:	18
Tax ID #:	15-013-590-018-00	Replacement or Repair:	No
		Well Driller:	Kraai

### Permit Requirements/Conditions:

1. Owner responsible to obtain a safe bacteriological water sample prior to use. Sample bottles available at health department offices.
2. Well driller is required to submit a well record to the owner and the health department within 60 days of well completion.
3. Isolate the new well a minimum of 50' from any potential sources of contamination, including all portions of the septic system.
4. Water well shall be drilling to a minimum depth of 150 FT below the ground surface or through an adequate protective overburden of clay and/or limestone. Water wells shall not be permitted in the upper aquifer (0-40 FT) due to lack of protective overburden.
5. Permit issued for installation of a water well only.
6. Permit is not approval for any construction or occupancy of the premises.

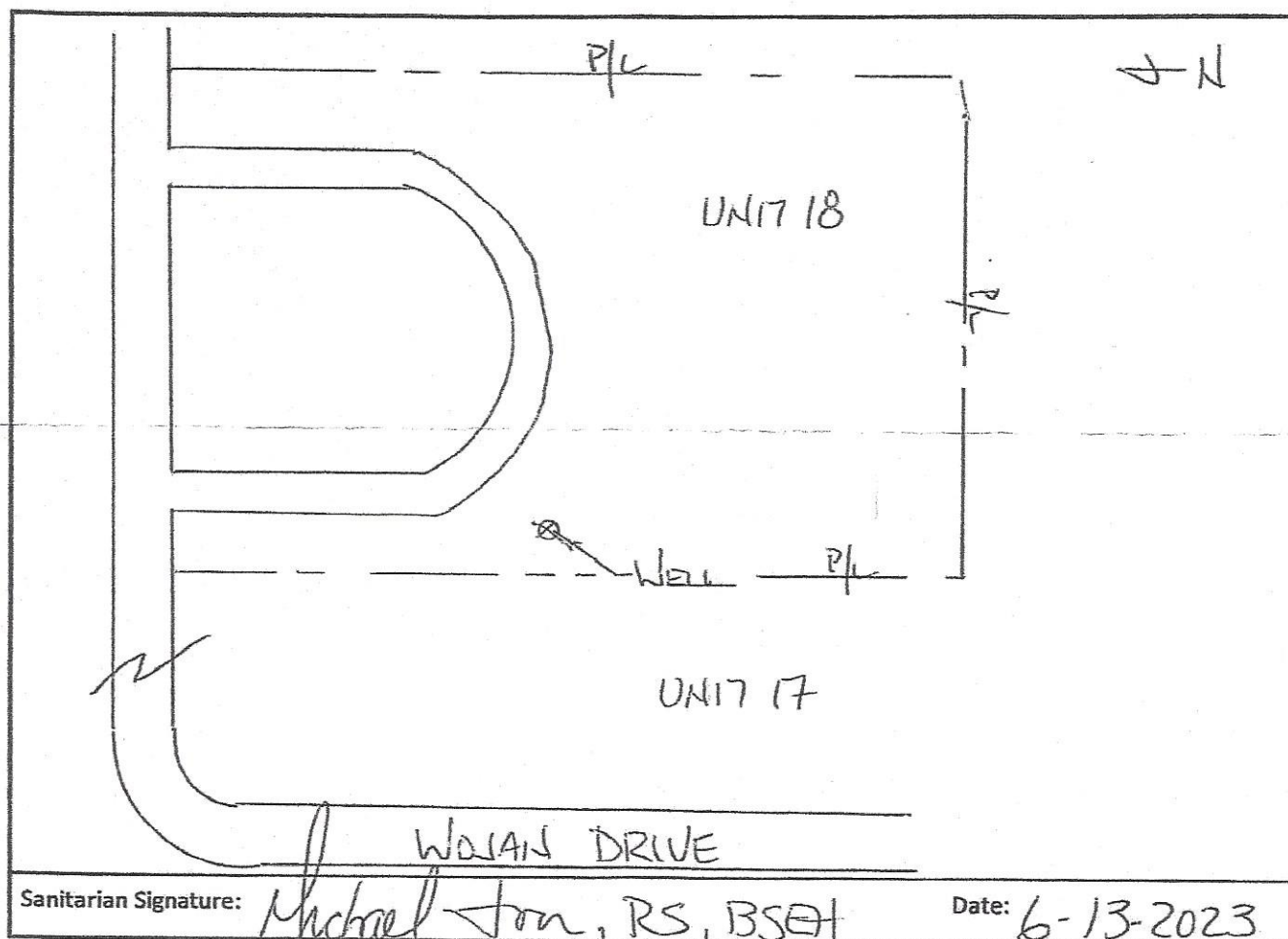
Issued by: Michael Jones, RS BSEH  
EH Supervisor/Sanitarian

Date Issued: June 13, 2023  
Permit Expires 2 years from date issued.

Proposed changes to permit must be approved prior to installation.  
Call our office at the number listed above if you have any questions regarding this permit.

Site Plan Drawing Attached or on Reverse Side

Share your experience with us by visiting [www.nwhealth.org](http://www.nwhealth.org) and completing a client satisfaction survey.



TH – Test Hole, ST – Septic Tank, PC – Pump Chamber, DF – Drainfield, BM – Benchmark, P/L – Property Line, FM – Forcemain

**BENCHMARK LOCATION:**

RELATIVE ELEVATION: BENCHMARK ELEVATION: 1 ft.  
BOTTOM OF STONE ELEVATION: 1 ft.

**FINAL INSPECTIONS AND APPROVALS (Section 4-15):** "...The owner or owner's agent shall notify the Health Officer when the wastewater system is installed and the project is ready for inspection. Notification must be provided a minimum of **TWO (2) WORKING DAYS** prior to anticipated system completion and desired final inspection by the Health Officer..."

**BEFORE calling for final inspection:** Make sure, at a minimum, the following that apply are **COMPLETED**:

- Septic tank, baffle, filters, solid outlet piping (sch40/SDR35), pump chamber and risers Installed
- Riser Lids comply with 59 pound weight standard (ASTM 1227 70-C).
- Pump installation is complete and ready for inspection
- Pump chamber is full of water and ready for pressure test, if applicable
- Alarm and floats are functional and energized
- All drainfield materials are installed and ready for inspection
- Filter Fabric is placed over stone

**Fees may be charged for incomplete installations that require follow-up inspections for system Approval**