

**BYRON TOWNSHIP
BUILDING PERMIT APPLICATION**

8085 Byron Center Ave SW., Byron Center, MI 49315
616-878-9155/Fax 616-878-0699

Applicant to complete all items in Section I, II, III, IV, V
Note: Separate applications must be completed for plumbing, mechanical and electrical permits

I – Project Information – Date: _____

Project Name	Address		
Post Office	Tax Parcel #	41-21-	
Cross Streets			Zip Code

II – Identification

A – Owner or Lessee

Name		Address		
City	State	Zip Code	Telephone#	

B – Architect or Engineer

Name		Address		
City	State	Zip Code	Telephone#	
License Number	Exp. Date	Fax #		

C - Contractor

Name		Address		
City	State	Zip Code	Telephone#	
Builder's License Number	Exp. Date	Fax #		
Federal Employer ID Number or Reason for Exemption				
Worker Comp. Insurance Carrier or Reason for Exemption				
MESCC Employer Number or Reason for Exemption				

III – Type of Improvement and Plan Review

A – Type of Improvement

- | | | |
|---------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Swimming Pool |

B – Review(s) To Be Performed (Commercial/Industrial) *Building Plan Review Fee=Total Cost x .001, min. \$50.00*

- | | | |
|-----------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Foundation | <input type="checkbox"/> Fire Protection |

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IV – Proposed Use of Building

A – Residential

Description

- | | | |
|-----------------------------------------------|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> One Family | <input type="checkbox"/> Residential Accessory Building | |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Other – Describe _____ |
| <input type="checkbox"/> Three or More Family | <input type="checkbox"/> Detached Garage | _____ |

B – Commercial/Industrial

- | | | |
|------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Hospital Institutional | <input type="checkbox"/> Store, Merchantile |
| <input type="checkbox"/> Church/Religious Bldg | <input type="checkbox"/> Office, Bank, Professional | <input type="checkbox"/> Tanks, Towers |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Other- Describe _____ |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Restaurant/Eating Facility | _____ |

Number of Stories _____ Number of Occupants _____

Construction Type _____ Use Group _____

C – Specifications

Construction Type

- | | | |
|-------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Other – Describe _____ |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Reinforced Concrete | _____ |

Foundation Type

- | | | |
|-----------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Wolmanized Wood | <input type="checkbox"/> Other – Describe _____ |
|-----------------------------------|------------------------------------------|-------------------------------------------------|

Building Size

Width _____ feet Length _____ feet

Structure Square Feet

1st Floor _____ sq. feet 2nd Floor _____ sq. feet 3rd Floor _____ sq. feet

Finished Basement _____ sq. feet Area to be Remodeled _____ sq. feet

Attached Garage _____ sq. feet Signage _____ sq. feet

Heating and Cooling

Principal Fuel Gas Oil Electric Other-Describe _____

Type of Unit Forced Air Hot Water In-Floor Heat (Basement)

Air Conditioning Yes No

Estimated cost of erecting, repairing, or remodeling (including cost of plumbing, heating, electrical wiring and all material and labor whether by owner or contract): \$ _____

BYRON TOWNSHIP BUILDING PERMIT APPLICATION

V- Applicant Information and Signature

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

Applicant Name	Address		
City	State	Zip	Telephone #

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 the application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan and the Township of Byron.. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the state construction code act of 1972, 1972 PA230, MCL 125.1523A 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 subject to civil fines.

I assume responsibility for contracting the township for all required inspections for the permit(s) requested.

Applicant Signature

SURVEY IS REQUIRED TO BE PRESENTED TO ZONING OFFICIAL PRIOR TO START OF ROUGH-IN.

*Surveys shall include all setbacks and minimum building elevations as established.
***The Builder shall be responsible for compliance of setbacks & minimum building elevations.**

VI – Validation – for Building Inspector Use Only	
Use Group _____	Base Fee _____
Type of Construction _____	Number of Inspections _____
Square Feet _____	
_____ Inspector Signature	_____ Date

BYRON TOWNSHIP BUILDING PERMITS – CHECKLIST

<u>Submit</u>	<u>Not Required</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Water and sewage disposal systems permits: Permit is issued by Byron Township Water & Sewer Department, If non-public water or sewer area, permit is issued by the Kent County Health Department.
<input type="checkbox"/>	<input type="checkbox"/>	Legal Description – Proof of ownership: If not already on the township records, a legal document will be required for a recent transfer of ownership.
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan: Location of building and sewage system on property (per ordinance set backs for front, side and rear yards). Show existing and proposed buildings on the property along with measurements between buildings and the distance from the proposed structure to all four property lines.
<input type="checkbox"/>	<input type="checkbox"/>	Building plans: (2 Sets) Floor plans, elevations, and a typical wall section which must show all building materials planned, along with the size and spacing of each.
<input type="checkbox"/>	<input type="checkbox"/>	Truss Design: If floor or roof trusses are used, detailed truss drawings supplied by the truss designer and/or supplier must be submitted.
<input type="checkbox"/>	<input type="checkbox"/>	Cost: Total cost of project, including all labor.
<input type="checkbox"/>	<input type="checkbox"/>	Builder's License: A copy of the contractor's Michigan State Registered Builder's License.
<input type="checkbox"/>	<input type="checkbox"/>	Driveway Permit: Permit must be obtained from the Kent County Road Commission for all driveways off public streets.
<input type="checkbox"/>	<input type="checkbox"/>	Flood plains: Applies only to some lake and river front property. Information available at the township office.
<input type="checkbox"/>	<input type="checkbox"/>	Michigan energy calculations: Verification that they meet state requirements.

**Abbreviated Report Form N1107.1
Heating Energy Analysis Comparison Report**

Builder's Name:
Project Address:
City/Township/County:

PROPOSED ALTERNATIVE HOUSE		STANDARD DESIGN HOUSE		
ROOF/CEILING (INC. SKYLIGHTS)	SUBTOTALS	ROOF/CEILING (INC. SKYLIGHTS)	SUBTOTALS	
$A_1 \text{ ____ } / R_1 \text{ ____ } = A_1 / R_1 \text{ ____ }$ $A_2 \text{ ____ } / R_2 \text{ ____ } = A_2 / R_2 \text{ ____ }$ $A_3 \text{ ____ } / R_3 \text{ ____ } = A_3 / R_3 \text{ ____ }$ $A_1 / R_1 + A_2 / R_2 + A_3 / R_3 =$ $\text{____ } / R =$ Total Roof/Ceiling Area	Line 1	Total Roof/Ceiling Area x 0.0204 = (all zones)	Line A	
GROSS WALL			GROSS WALL	
Opaque Wall (Does not include band joist, windows, doors, etc.) $A_1 \text{ ____ } / R_1 \text{ ____ } = A_1 / R_1 \text{ ____ }$ $A_2 \text{ ____ } / R_2 \text{ ____ } = A_2 / R_2 \text{ ____ }$ $A_1 / R_1 + A_2 / R_2 =$	Line 2			
Band Joist $A \text{ ____ } / R \text{ ____ } = A / R \text{ ____ } =$	Line 3			
Fenestration and Doors, Windows $A_1 \text{ ____ } / R_1 \text{ ____ } = A_1 / R_1 \text{ ____ }$ $A_2 \text{ ____ } / R_2 \text{ ____ } = A_2 / R_2 \text{ ____ }$ $A_3 \text{ ____ } / R_3 \text{ ____ } = A_3 / R_3 \text{ ____ }$ $A_1 / R_1 + A_2 / R_2 + A_3 / R_3 =$	Line 4			
Doors $A_1 \text{ ____ } / R_1 \text{ ____ } = A_1 / R_1 \text{ ____ }$ $A_2 \text{ ____ } / R_2 \text{ ____ } = A_2 / R_2 \text{ ____ }$ $A_1 / R_1 + A_2 / R_2 =$	Line 5			
Other $A \text{ ____ } / R \text{ ____ } = A / R \text{ ____ } =$ Total Gross Wall Area	Line 6			
GROSS WALL SUBTOTAL A/R (Lines: 2+3+4+5+6)	Line 7	Total Gross Wall Area x 0.093 = (all zones)	Line B	

FOUNDATION/FLOOR	SUBTOTALS	FOUNDATION/FLOOR	SUBTOTALS
Floors Over Unconditioned Spaces A _____ /R _____ = A/R _____ =	Line 8	Floors Over Unconditioned Spaces _____ x 0.0476 = Total Floor Area (all zones)	Line C
Slab on Grade Floors (Area = Perimeter x 2') A _____ /R _____ = A/R _____ =	Line 9	Slab on Grade (Unheated) _____ Z ₁ 0.0909 _____ x Z ₂ 0.0769 = Total Slab Edge Area Z ₃ 0.050	Line D
Crawl Space Walls (Area: Top foundation wall to average finished grade) A _____ /R _____ = A/R _____ =	Line 10	Crawl Space _____ x 0.050 = Total Crawl Space Wall Area (all zones)	Line F
Basement Walls (Area: Top foundation wall to average finished grade) A ₁ _____ /R ₁ _____ = A ₁ /R ₁ _____ A ₂ _____ /R ₂ _____ = A ₂ /R ₂ _____ A ₁ /R ₁ + A ₂ /R ₂ =	Line 11	Basement Walls _____ Z ₁ 0.090 _____ x Z ₂ 0.090 = Total Gross Basement Wall Area Z ₃ 0.055	Line G
Basement Windows A _____ /R _____ = A/R _____ =	Line 12		
Total Gross Basement Wall Area			
FOUNDATION/FLOOR SUBTOTAL A/R (Lines: 8+9+10+11+12)	Line 13	FOUNDATION/FLOOR SUBTOTAL A/R (Lines: C+D+E+F+G)	Line H
PROPOSED ALTERNATIVE HOUSE SUB-TOTAL A/R (Lines: 1+7+13)	Line 14	STANDARD DESIGN HOUSE SUB-TOTAL A/R (Lines: A+B+H)	Line I

N1107.1.1 Alternative design constants. The alternative design constants of table N1107.1 may be used for

HEATING EQUIPMENT EFFICIENCY (If the same as Standard House, go to line 16 or 17) (Oil or Gas Fired) AFUE: _____ % Line 14: _____ = Adjusted A/R = AFUE: 0. _____	Line 15	HEATING EQUIPMENT EFFICIENCY (Oil or Gas Fired) AFUE: 78% Line I: _____ = Adjusted A/R = AFUE: 0.78	Line J
AIR LEAKAGE RATE (If the same as Standard House, go to line 17) _____ ACH x _____ ft ³ x 0.018 = Air Changes per Hour Volume of House	Line 16	AIR LEAKAGE RATE 0.55 ACH x _____ ft ³ x 0.018 = Volume of House	Line K
PROPOSED ALTERNATIVE HOUSE TOTAL (Lines: 15+16) Equal to or less than line L to pass	Line 17	STANDARD DESIGN LIMIT TOTAL (Lines: J+K)	Line L

the specific site weather data (heating degree days) for the proposed alternative design.

GARAGE FLOOR DRAINS

Builders, Contractors and Plumbing Contractors

Directing residential garage drains onto grade or into footing tiles or the ground is in direct violation of *Section 301.3 of the Michigan Plumbing Code and Rule 2205, Paragraph two (2) of the D.E.Q. Rules and Regulations Regarding Prohibited Discharge of Wastewater.

In short, all garage drains where sanitary sewer is provided **must** discharge into the public sewer.

Effective: January 1, 2003

***301.3 Connections to the sanitary drainage system.** All plumbing fixtures, drains, appurtenances and appliances used to receive or discharge liquid wastes or sewage shall be directly connected to the sanitary drainage system of the building or premises, in accordance with the requirements of this code. This section shall not be construed to prevent the indirect waste systems required by Chapter 8.

CERTIFICATE OF OCCUPANCY BONDS
(A separate check is needed for bonds)

On any new structure for which a Certificate of Occupancy is required upon completion shall be charged a refundable occupancy permit fee based on the following schedule:

One and two family dwellings.....	\$300.00
Additions & Remodeling of one and two family remodeling.....	150.00
Multi-family structures per building.....	500.00
New commercial and industrial structures (under \$50,000 - \$600 over \$50,000 - \$1,000)	
Additions to commercial and industrial structures.....	same as above
Renovations to interior of commercial or industrial structure.....	500.00

The above fee shall be forfeited if the Occupancy Permit is not issued within 20 days of original written Temporary Occupancy Permit, or if the building is occupied or used for any other purpose without final inspections being conducted and an Occupancy Permit written. In the case of multi-family structures the time sequences will be based on the completion of the building. Reinspection fees of \$30.00 for each trade (Building, Electrical, Mechanical, Plumbing and Fire) will be deducted from the refundable occupancy permit fee.

Burning of construction materials in a RU, RD, and MFR is prohibited. Burning is permitted in accordance with the Byron Township Burning Ordinance No 306 in RA, RR, RS, as long as the location of the said allowed burning exceeds 200 feet from any other dwelling and meets all other ordinance requirements.

On notification of a prohibited fire in a RU, RD, MFR, Business or Industrial Zones, the Kent County Sheriff Department will be notified of the violation and a ticket may be issued in accordance with this ordinance.

Adopted as amended 11-24-97

ORDINANCE NUMBER 241
STREET NUMBERS REQUIRED ON BUILDINGS

BYRON TOWNSHIP

The Township of Byron ordains:

That Ordinance Number 241, Street Numbers Required On Buildings is hereby added to its General Ordinance to read as follows:

STREET NUMBERS REQUIRED AS FOLLOWS:

- (1) All primary structures on parcels shall clearly display the street numbers of the premises. This being the numbers assigned by the Kent County Road Commission. Such numbers shall be Arabic, with a minimum height of three (3) inches for residential property and six (6) inches for all other types of property. The numbers shall be fastened to and located near the main entrance of the structure, of a color contrasting with its background, and clearly legible from the street. If said structure is of considerable distance from the street or obscured by tree cover, topography, etc., so that the numbers are not clearly visible from the street, the numbers shall be visibly displayed in an appropriate location in the front yard.
- (2) All existing developed property shall comply with this ordinance within ninety (90) days of the effective date. New construction shall comply prior to the issuance of an occupancy permit.
- (3) Any person, individual, partnership, corporation or other entity who shall violate this ordinance shall be guilty of a misdemeanor.

This ordinance shall be in full force and effect on the 28th day of December 1989.

The foregoing ordinance was offered by Township Board member Gould, supported by member Wustman the vote was as follows:

Yeas: Nevins, Wustman, Gould, Vander Haar and Silvernail

Nays: None

Absent: None

I hereby certify that the foregoing ordinance was adopted by the Byron Township Board, at a regular session held on the 13th day of November 1989.

Audrey Nevins
Byron Township Clerk

To all Building and Plumbing Contractors

Many residential lots in Byron Township are supplied with storm laterals and/or storm easements to assist you in keeping your property dry.

At this time we are leaving it up to you the contractor to decide which services will be needed for your project. Just keep in mind that no sump pumps or gutter drains can encroach on your neighbor's side yards, and cause a nuisance. If you decide to use the storm laterals that may be supplied to your property, an inspection will be needed on the lot line connection, and must be called into our plumbing department at 878-9155 to schedule that inspection.

If you have any questions feel free to call.

Sincerely,



Marv Schierbeek
Byron Township Plumbing Inspector
878-9155



Consumers Energy

West Kent Customer Service Center

4000 Clay Avenue, Grand Rapids, MI 49548 • (616) 530-4140 • Facsimile (616) 530-4014

**REMODELING?
PUTTING ON AN ADDITION?
ADDING A POOL OR HOT TUB?
INSTALLING A FENCE OR DECK?**

A simple phone call to your local utility will keep you safe and avoid hidden costs for your project.

Remember, if you are digging, you or your contractor is required to call **Miss Dig at 1-800-482-7171**. This is a free service to let you know where all utilities are located.

There may be wires overhead, which may need to be protected during construction.

Underground cable, phone, gas and electric lines or their associated meters may need to be relocated to meet utility, local or state construction standards.

For information about Consumers Energy, please call 1-800-477-5050 and ask for one of our Customer Energy Specialists. We can help you with your questions.

Street Code _____



For Township Use Only

- New Service
- Name Change
- New Construction
- Disconnect
- Abandonment
- Existing

Water Permit _____

Sewer Permit _____

Sprinkler Permit _____

Today's Date _____

APPLICATION FOR WATER & SEWER SERVICE

Applicant is: Owner Builder

IDENTIFICATION:

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Cell Phone: _____

Bus. Phone: _____ Fax: _____

Drivers Lic #: _____

Closing or Effective Date: _____

Email Address: _____

Paperless Billing: YES NO

***Builders must contact our office at 878-0660 to transfer bill to homeowner's responsibility upon completion of construction.**

PROPERTY INFORMATION: New Construction Existing Property

Service Address: _____

Development Name: _____

City: _____ State: _____ Zip: _____

Lot #: _____ Building #: _____

Perm Parcel #: _____

Frontage: _____ Acreage: _____

PROPOSED USE: WATER SEWER SPRINKLER F.P. WELL METER SUB METER

- RESIDENTIAL USE:
 - SINGLE FAMILY
 - MULTI-FAMILY (# OF UNITS _____)

Requested Domestic Meter Size: 5/8" 1" 1-1/2" 2"

COMMERCIAL USE * *(COMMERCIAL & INDUSTRIAL USERS MUST ALSO COMPLETE PAGE 2 OF THIS APPLICATION. (ON BACK))

Requested Irrigation Meter Size: 5/8" 1" 1-1/2" 2"
(1" is standard size for Residential Irrigation)

INDUSTRIAL USE *

APPLICANT SIGNATURE: (BELOW - PLEASE BE SURE APPLICATION FORM IS COMPLETE!)

PER SECTION 1104 OF THE BYRON TOWNSHIP WATER AND SEWER ORDINANCE, "THE OWNER OF A PREMISES TO BE CONNECTED TO THE WATER SYSTEM OR SEWER SYSTEM SHALL BE BOUND BY THE TERMS OF THE APPLICATION AND THE PERMIT ISSUED PURSUANT TO THE APPLICATION. IF THERE IS A SUBSEQUENT CHANGE IN THE PLUMBING SYSTEM WITHIN THE PREMISES OR OTHER CHANGE IN CIRCUMSTANCES WHICH MATERIALLY AFFECTS THE USE BY THE CUSTOMER OF THE WATER SYSTEM (MEASURED IN VOLUME OF DEMAND) OR SEWER SYSTEM (MEASURED IN VOLUME OR STRENGTH OF SEWAGE), THEN AS A CONDITION TO THE CONTINUED USE OF THE WATER SYSTEM OR THE SEWER SYSTEM, AN UPDATED APPLICATION OR AN AMENDMENT TO THE APPLICATION ON FILE MUST BE FILED WITH THE TOWNSHIP AND ADDITIONAL RATES AND CHARGES, IF APPLICABLE, MUST BE PAID UPON THE ISSUANCE OF A NEW PERMIT TO CONNECT."

PER SECTION 601 (C.) OF THE BYRON TOWNSHIP WATER & SEWER ORDINANCE, "ANY PERSON WHO APPLIES FOR AND RECEIVES SERVICE FROM THE SYSTEM OR OWNS REAL PROPERTY IN THE TOWNSHIP SHALL BE DEEMED TO HAVE GIVEN CONSENT FOR ALL SUCH ACTIVITIES INCLUDING ENTRANCE UPON THE PERSON'S PROPERTY."

I hereby certify, as owner, that I agree to conform with all the requirements to the Byron Township Water and Sewer Ordinance and that all information submitted on this application is accurate to the best of my knowledge; or, if not the owner, 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 with the understanding that I agree to conform with all the requirements of the Byron Township Water and Sewer Ordinance and that all information submitted on this application is accurate to the best of my knowledge.

PRINTED NAME

SIGNATURE

DATE

*****BE ADVISED***** WATER PRESSURE WITHIN THE BYRON-GAINES WATER SYSTEM RANGES FROM 35 PSI TO 105 PSI



**COMMERCIAL & INDUSTRIAL USERS ONLY.....
PLEASE CONTINUE ON THIS PAGE**

DESIGNER/CONTRACTOR IDENTIFICATION:

Architect or Engineer: _____
 Company or Firm: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Contractor: _____
 Company or Firm: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

To the best of your knowledge, have there been any other connection permits issued for this address? YES NO

Do you plan to use sub-metering for irrigation or cooling water? YES NO (Proposed Meter Size _____)

REQUIRED SUBMISSIONS AND/OR APPROVALS:

**PLEASE SUBMIT SITE PLANS TO DAN VAN DYKE AT THE BYRON-GAINS UTILITY AUTHORITY (BGUA)
AND TO ROD KORHORN AT VRIESMAN & KORHORN (TOWNSHIP ENGINEER)**

FOR CONNECTIONS TO THE WATER SYSTEM:

1. **TOWNSHIP ENGINEER'S** WRITTEN RECOMMENDATION AND/OR APPROVAL OF THE LOCATION OF ALL PROPOSED WATER CONNECTIONS. Section 1102a(1) Submit sketch/site plan Submitted Not Applicable
2. **BGUA'S** WRITTEN REVIEW AND APPROVAL OF THE WATER METER (Size & Type). Section 1102c. Submitted Not Applicable
3. **TOWNSHIP MECHANICAL INSPECTOR'S** WRITTEN RECOMMENDATION REGARDING THE NEED FOR FIRE PROTECTION PLANS AND APPROVAL OF PROPOSED SIZE OF THE SERVICE LINE. Section 1102a(3) Submitted Not Applicable
4. **BGUA'S** WRITTEN APPROVAL OF FIRE PROTECTION PLANS INCLUDING THE LOCATION AND SIZE OF EACH PROPOSED CONNECTION FOR UNMETERED FIRE PROTECTION SERVICE AND INFO REGARDING TYPE AND LOCATION OF BACKFLOW PREVENTERS. Section 1102a(4) Submitted Not Applicable
5. **TOWNSHIP ENGINEER'S** WRITTEN RECOMMENDATION REGARDING THE PREVIOUSLY SUBMITTED WATER METER BYPASS PLANS. Section 1102a(5) Submitted Not Applicable

FOR CONNECTIONS TO THE SEWER SYSTEM:

6. COMPLETED INDUSTRIAL PRETREATMENT ASSESSMENT ON LINE AT <http://www.wyomingmi.gov/Utilities/environmentalServices.asp> SEND COPY TO: debbie@byrontownship.org (WATER SEWER DEPT.) Submitted Not Applicable
7. **TOWNSHIP BUILDING DEPARTMENT'S** WRITTEN APPROVAL OF PROPOSED GREASE TRAPS AND/OR SAND, OIL SEPARATORS. *INCLUDE 2 COPIES OF THE PLAN SHOWING THEIR LOCATION. Section 1102b(2) (Yearly cleaning/inspection required in Sept./Oct.) Submitted Not Applicable