

2021

6497 WOODS CREEK  
QUARTERLINE ANNEX LLC  
TARSI, TODD

CHARLEVOIX COUNTY DEPT. OF BUILDING SAFETY  
301 STATE STREET SUITE #5  
CHARLEVOIX, MICHIGAN 49720  
TELEPHONE: (231) 547-7236  
FAX: (231) 547-7250  
www.charlevoixcounty.org

I HAYES PB2021-0114

INFORMATION REQUIRED - AS PER PUBLIC ACTS - 230 of 1972 AND 135 OF 1989

I 1 LOCATION OF STRUCTURE:

CORRECT ADDRESS: 06497 WOODS CREEK DR (PRT)

(Rural addresses consist of (5) digits and the Road Name.)

BETWEEN CROSSROADS: BROADLAND / BAYNE CITY CITY or TOWNSHIP HAYES

PROPERTY TAX I.D. NUMBER: 15-007-132-001-10 (required for permit)

IS THIS SITE IN A FLOOD PLAIN? YES ☐ NO ☒ IN A LOW LYING AREA? YES ☐ NO ☒

I 1 IDENTIFICATION REQUIREMENTS: OWNERSHIP

NAME OF OWNER/LESSEE: SCOTT & DEBBIE UAW

CURRENT MAILING ADDRESS: 9915 EAST 300 SOUTH

CITY, STATE, ZIP: ZIONSVILLE IN 46077

TELEPHONE: ( ) E-MAIL/FAX: SLAW@ZOTECORPORATIONS.COM

I 1 CONTRACTOR IDENTIFICATION: ALL ITEMS MUST BE COMPLETED TO OBTAIN PERMIT

NAME OF BUSINESS: HARMON LAKE CONST LLC

NAME OF CONTRACTOR: " "

TELEPHONE: (231) 330-8200 E-MAIL/FAX: toddtarsi@gmail.com

MAILING ADDRESS: 4755 SKUP RD BAYNE CITY MI 49713  
# Street/Road City State Zip

BUILDER'S LICENSE NUMBER: 262000454

RECEIVED  
EXPIRATION DATE: 3/23/2023

FEDERAL EMPLOYER ID NUMBER/OR  
REASON FOR EXEMPTION: 802383704

MAR 22 2021

WORKER'S COM. INSURANCE CARRIER/OR  
REASON FOR EXEMPTION: NO EMPLOYEES

Dept. of Building Safety

M.E.S.C. EMPLOYER NUMBER/OR  
REASON FOR EXEMPTION: " "

I 1 ARCHITECT OR ENGINEER: (IF APPLICABLE) Registration Act of 1937, as amended.

NAME OF ARCHITECT OR ENGINEER: HAROLD SARK

FIRM NAME: SARK ARCHITECTS & ASSOCIATES

BUSINESS ADDRESS: 2520 DUNBAR DRIVE CORNELIUS IN 46032

TELEPHONE: (317) 733-8525 E-MAIL/FAX: HSARK@sarkassociates.com  
# Street/Road City State Zip

**PAGE TWO, DEPARTMENT OF BUILDING SAFETY, BUILDING PERMIT APPLICATION**  
**COMPLETE ALL ITEMS THAT APPLY TO YOUR PROJECT**

**I 1 TYPE OF IMPROVEMENT:**

<input checked="" type="checkbox"/> NEW BUILDING	PRE-MANUFACTURE	RELOCATION	SIDING
ADDITION	STATE	DECK	OTHER _____
REMODEL	MOBILE HOME	PORCH	
FOUNDATION ONLY	SET-UP HUD	ROOFING	
	DEMOLITION		

**I 1 PROPOSED USE OF BUILDING**  
**RESIDENTIAL**

ONE FAMILY	ATTACHED GARAGE	EXIST NEW TOTAL
TWO OR MORE FAMILY	HEATED ( )	
# OF UNITS _____	UNHEATED ( )	# OF BEDRMS _____
HOTEL, MOTEL	DETACHED GARAGE	
# OF UNITS _____	HEATED ( )	# OF BATHRMS <u>2</u>
<input checked="" type="checkbox"/> POLE BUILDING <u>PAVILION</u>	UNHEATED ( )	
SAME PROPERTY AS RESIDENCE	OTHER _____	

**NON-RESIDENTIAL**

CHURCH-RELIGION	PUBLIC UTILITY	TOWERS
INDUSTRIAL	STORE, MERCANTILE	OTHER _____
HOSPITAL, INSTITUTIONAL	POLE BUILDING	
OFFICE, BANK, PROFESSIONAL	NON-CONTIGUOUS TO A RESIDENTIAL PROPERTY	

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING.

**I 1 ESTIMATED COST OF CONSTRUCTION:** \$ 500,000

**I 1 SELECTED CHARACTERISTICS OF BUILDING:**

**PRINCIPAL TYPE OF FOUNDATION:**

BASEMENT	POURED CONCRETE
Un-finished ( )	<input checked="" type="checkbox"/> BLOCK
Finished ( )	PERMANENT WOOD FOUNDATION
CRAWLSPACE	INSULATED CONCRETE FORM
PIERS	
OTHER: _____	

**PRINCIPAL TYPE OF FRAME:**

MASONRY, WALL BEARING	WOOD FRAME	<input checked="" type="checkbox"/> STRUCTURAL STEEL	REINFORCED CONCRETE	OTHER _____
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**PRINCIPAL TYPE OF HEATING FUEL:**

<input checked="" type="checkbox"/> GAS	OIL	ELECTRICITY	WOOD	OTHER _____
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**TYPE OF SEWAGE DISPOSAL:**

PUBLIC OR PRIVATE COMPANY	<input checked="" type="checkbox"/> SEPTIC SYSTEM
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**TYPE OF WATER SUPPLY:**

PUBLIC OR PRIVATE COMPANY	<input checked="" type="checkbox"/> PRIVATE WELL OR CISTERN
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TYPE OF MECHANICAL SYSTEM: \_\_\_\_\_



**DIMENSIONS DATA:**

	FLOOR AREA	EXISTING	ALTERATIONS	NEW
NON-RESIDENTIAL:	BASEMENT			
USE GROUP	1 <sup>ST</sup> FLOOR			2200
CONST. TYPE	2 <sup>ND</sup> & ABOVE			
NO. OF OCCUPANTS	TOTAL AREA			2200

WILL THERE BE AN ELEVATOR? YES ☒ NO

HAS "Barrier Free" BEEN ADDRESSED? YES ☒ NO

NUMBER OF STORIES

1

WILL THERE BE FIRE SUPPRESSION? YES ☒ NO

☐ DEMOLITIONS: (WRECKING) BUILDING SIZE: X

MOST RECENT USE OF STRUCTURE BEING ELIMINATED? (Example: Residence, Retail, Storage, Etc.)

PROPERTY TAX I.D. # 15- - - - -

ESTIMATED COST OF DEMOLITION? - - - - -

**[ ] RESPONSIBILITY:**

APPLICANT IS RESPONSIBLE FOR:

- 1). SUBMITTING ALL REQUIREMENTS:
- 2). PAYMENT OF ALL FEES.
- 3). CALLING FOR ALL INSPECTIONS, INCLUDING FINAL OCCUPANCY.

ORDERED TO APPEAR HERE BY "PUBLIC ACT 230, of 1972, and 135 of 1989". State of Michigan

**PLEASE READ BEFORE SIGNING.**

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 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.

**ALSO READ**

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 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.

PERSON RESPONSIBLE: NAME: TOPA D TASI  
Please Print

MAILING ADDRESS: 4755 SKOP RD BOYNE FALLS MI 49713  
Street Address City State Zip

☐ SIGNATURE OF APPLICANT/CONTRACTOR/AGENT - RESPONSIBLE PARTY.

SIGN HERE: [Signature] DATE: 3/22/21

☐ NOTES:

HAYES TOWNSHIP

# Zoning Permit

The permit must be visible from the highway frontage

*Any person willfully destroying this permit before the completion of this building  
will be punished to the full extent of the law.*

Date 3-15-21

Permit No. 21-03-05

ISSUED FOR THE ERECTION OF A

30' x 60' and 20' x 20' accessory structures

Special Conditions \_\_\_\_\_

Location 06497 Woods Creek Drive PIN 15-007-132-001-10

Owner Scott & Debra Law Contractor MALIBU LAKE CONSTRUCTION

R. Van Zee  
Zoning Administrator



**CHARLEVOIX COUNTY  
DEPARTMENT OF BUILDING SAFETY**

301 State Street, Suite #5  
Charlevoix, Michigan 49720  
(231) 547-7236  
Fax (231) 547-7250  
website: www.charlevoixcounty.org

**PLAN REVIEW# PB2021-0114**

**Residential Plan Review  
Based on the 2015 Michigan Residential Code**

**Permit Applicant:** TARSI, TODD

**Owner:** QUARTERLINE ANNEX LLC

**Fee:** \$1,471.00 (Pd \$0.00)

**Job Address:** 6497 WOODS CREEK DR (PVT)

**Use Group:** U

**Reviewed by:** JOHN COCHRANE

**Construction Type:** 5B

**Date Completed:** 03/29/2021

**Twp or City:** HAYES Twp

**BUILDING DESCRIPTION:** 2200 SQUARE FT RESIDENTIAL ACCESSORY STRUCTURE/PAVILION

☐ The plans are approved subject to the satisfactory response to the items required below, compliance with all the plan review comments indicated, and approval of all required field inspections.

☐ RETAIN ALL DOCUMENTS ON ENGINEERED MATERIALS ON SITE FOR INSPECTORS REVIEW.

1. Need a signed letter from the owner stating that the structure will only be used for family events and never rented for events or used for corporate events/retreat.

2. NEED A COPY OF APPROVED SEPTIC and WELL PERMIT

3. Call for full formed outside edge footings, foundation, backfill, rough, insulation & final inspections when ready.

**This approval is as submitted. It does not release the contractor/builder/building owner from compliance with the applicable building codes.**

- **Call for inspections as needed: full formed outside edge footing, foundation, rough, pre-siding, roofing underlayment, insulation & final. [Section R109.3]**
- All footings shall be full formed on undisturbed natural soil or engineered fill. [Sections R104.1 & R403.1]  
Total fee 1,471.00 - Paid to date 0.00 = **Balance due \$1,471.00**
- NOTE: All corrections and/or changes to the construction documents that accompanied the permit application must be documented and submitted prior to any request for the appropriate inspection.

**APPLICANT SIGNATURE REQUIRED AND RETURNED TO THE DEPARTMENT OF BUILDING SAFETY,  
ALONG WITH ANY REQUIRED INFORMATION/DOCUMENTS.**

X John T. Cochran 5/3/21 X John T. Cochran 03/29/2021  
Applicant Signature Date Plan Reviewer Signature Date

ADDRESS NUMBERS ARE REQUIRED TO BE DISPLAYED ACCORDING TO  
COUNTY ORDINANCE #2 SECTION 4.1

Quarterline Annex, LLC  
9915 E 300 S  
Zionsville, IN 46077

April 28, 2021

John Cochrane  
Charlevoix County Department Building Safety  
301 State Street, Suite #5  
Charlevoix, MI 49720

Dear Mr. Cochrane:

The Pavilion we are currently building at 06497 Woods Creek Drive is for private use only.

Sincerely,

A handwritten signature in black ink that reads "Scott Law". The signature is stylized with a large, bold "S" and a cursive "Law".

Scott Law, Member  
Quarterline Annex, LLC

**CHARLEVOIX COUNTY**  
Department of Building Safety  
301 State Street, Suite #5  
Charlevoix, MI 49720  
Phone: (231) 547-7236  
Fax: (231) 547-7250

**Building**

**PERMIT**

PERMIT: **PB2021-0114**

DATE: 04/30/2021

**APPLICANT**

TARSI, TODD  
4755 SKOP RD.  
BOYNE FALLS MI 49713  
LICENSE #: 2101182670  
LICENSE EXP: 05/31/2021

**OWNER**

QUARTERLINE ANNEX LLC  
11460 N MERIDIAN ST  
CARMEL IN 46032

**LOCATION: 6497 WOODS CREEK DR (PVT)**  
**CITY/TWP: HAYES**  
**PROPERTY #: 15-007-132-001-10**

Dimensions: 2,573

Use Group: U

Const Type: 5B

Building Official Kevin Schlickau

Issued: 05/03/2021

**REMARKS:**

2200 SQUARE FT PAVILION

Permit Item	Work Type	Fee Basis	Item Total
Administration	Standard Item	1.00	45.00
Residential Accessory	Standard Item	2573.00	1,426.00
<b>REMARKS:</b>		Fee Total:	\$1,471.00
RECEIPT# 173470, PAID 1,471.00, CK# 1167, 05/03/21		Amount Paid:	\$1,471.00
		Balance Due:	\$0.00



CALL TO ARRANGE FOR INSPECTIONS (231) 547-7236



**CHARLEVOIX COUNTY**

Department of Building Safety

301 State Street, Suite #5

Charlevoix, MI 49720

Phone: (231) 547-7236

Fax: (231) 547-7250

**BUILDING  
PERMIT  
JOB CARD**PERMIT: **PB2021-0114**DATE: **05/03/2021**

A P P L I C A N T	TARSI, TODD
	4755 SKOP RD.
	BOYNE FALLS MI 49713
	LICENSE #: 2101182670
	LICENSE EXP: 05/31/2021

O W N E R	QUARTERLINE ANNEX LLC
	11460 N MERIDIAN ST
	CARMEL IN 46032

S I T E	LOCATION: <b>6497 WOODS CREEK DR (PVT)</b>
	CITY: <b>HAYES</b>
	PROPERTY #: <b>15-007-132-001-10</b>

Specific Use: Miscellaneous

Remarks: 2200 SQUARE FT PAVILION

Use Group: U

Const Type: 5B

Building Official Kevin Schlickau

THIS PERMIT CONVEYS NO RIGHT TO OCCUPY ANY STREET, ALLEY OR SIDEWALK OR ANY PART THEREOF, EITHER TEMPORARILY OR PERMANENTLY. ENCROACHMENTS ON PUBLIC PROPERTY, NOT SPECIFICALLY PERMITTED UNDER THE BUILDING CODE, MUST BE APPROVED BY THE JURISDICTION. STREET OR ALLEY GRADE AS WELL AS DEPTH AND LOCATION OF PUBLIC SEWERS MAY BE OBTAINED FROM THE DEPARTMENT OF PUBLIC WORKS. THE ISSUANCE OF THIS PERMIT DOES NOT RELEASE THE APPLICANT FROM THE CONDITION OF ANY APPLICABLE SUBDIVISION RESTRICTIONS.

MINIMUM OF THREE CALL INSPECTIONS REQUIRED  
FOR ALL CONSTRUCTION WORK.

1. FOUNDATION OR FOOTING
2. PRIOR TO COVERING STRUCTURAL MEMBERS (READY TO LATHE).
3. FINAL INSPECTION BEFORE OCCUPANCY.

APPROVED PLANS MUST BE RETAINED ON THE JOB AND THIS CARD KEPT POSTED UNTIL FINAL INSPECTION HAS BEEN MADE. WHERE A CERTIFICATE OF OCCUPANCY IS REQUIRED, SUCH BUILDINGS SHALL NOT BE OCCUPIED UNTIL FINAL INSPECTION HAS BEEN MADE.

WHERE APPLICABLE SEPERATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATIONS

**POST THIS CARD SO IT IS VISIBLE FROM THE STREET**

Building Inspection Approvals	Plumbing Inspection Approvals	Electrical Inspection Approvals
Foundation	Rough	Rough
Rough	Final	Final
Insulation	Heating Inspection Approvals	Refrigeration Inspection Approvals
	Rough	Rough
Final	Final	Final

WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION

PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN SIX MONTHS OF DATE THE PERMIT IS ISSUED AS NOTED ABOVE

INSPECTIONS INDICATED ON THIS CARD CAN BE ARRANGED FOR BY TELEPHONE OR WRITTEN NOTIFICATION