

APPLICATION FOR ZONING COMPLIANCE PERMIT

Date: _____

I. Project Information

Name: _____ Address: _____
City: _____ Township _____ County _____ Zip: _____
Between _____ and _____.

II. Identification

A. Owner or lessee

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

B. Architect or Engineer

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
License Number: _____ Expiration Date: _____

C. Contractor

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Builders License Number: _____ Expiration Date: _____
Federal Employer ID Number or Reason for Exemption: _____
Workers Comp Insurance Carrier or Reason for Exemption: _____
MESC Employer Number or Reason for Exemption: _____

III. Type of Improvement and Plan Review

New building Alteration Demolition Foundation Only Relocation
 Addition Repair Mobile Home set-up Premanufacture Special Inspection

IV. Proposed Use of Building

A. Residential

1. One family Hotel, Motel Detached garage Two or more family
 Attached garage Other: _____

B. Non-Residential

1. Amusement Service Station School, Library, Educational Church, Religion
 Hospital, Institutional Store, Mercantile Industrial Office, Bank, Professional
 Parking Garage Public Utility Tanks, Towers Other: _____

Non-Residential - Describe in detail proposed use of building. If use of existing building is being changed enter proposed use. _____

C. Number of off street parking spaces: Enclosed _____ Outdoors _____

D. Does the Improvement use a private road? _____

E. Lot Area or number of acres: _____

F. Zoning District: _____

