872 i wun s Richland, Mt 49083 ZONING PERMIT (269) 629-0600 Date_ (800) 627-2801 Fax (269) 629-0601 PERMIT NO. Jurisdiction of: Accessory/detached structures and demolition Property tax I.D. No.: Job Address: Permit Determinant: Zoning District: Use Group: Type Const.:_____ Address: Contractor: _____(Basic Dimensions: ______ft. x _____ft. No. Floors: _____ Bldg. Height: ____ PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW: ____ Sg. ft. shed _____ cement slab & thickened edge ____ Sq. ft. pole building ____ cement slab (3 1/2" - 4") ____ dirt floor ____ Sq. ft. pool ____ Sq. ft. unattached frame garage _____ rafters ______"O.C. Sq. ft. storage building & foundation ____ metal roof _____ Sq. ft. demolition ____ Sq. ft. basement ____ asphalt shingles ____ metal exterior _____ Sq. ft. crawl space COST OF PERMIT: ____ Sq. ft. deck ____ aluminum exterior **Building Dept.** _____ Sq. ft. porch ____ brick exterior By:__ _ block exterior _____ Sq. ft. sign Make Checks Payable to: ____ Lineal ft. fence ____ wood exterior Other Number windows Number garage doors Contractor Phone (Address Zin Federal ID No./Social Security no. MESC Employer No. Worker's Disability Compensation Carrier License No. If exempt from any of the above, explain here: 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 Comptied 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.

HOME OWNER'S AFFIDAVIT and SIGNATURE
I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up. or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and limity inspections.

Signed: __

AGENT'S/CONTRACTOR'S AFFIDAVIT and SIGNATURE

Thereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: ____

LOT DIAGRAM

Project Address:Property Tax #:				
	·			
	ture of Applicant/Agent:		Date :	

ZONING PERMIT CHECKLIST – (Return with Application)

Project address/le	ocation of proposed work:
Owner's Name:	
Contractor's Nar	ne:
	nay be issued, all of the following documentation must be submitted or justified as non-applicable. Please indicate by ach item has been enclosed with the application.
1.	LOT DIAGRAM on back of first page of application.
2.	PROOF OF OWNERSHIP (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment) RECORDED DEED OR RECORDED LAND CONTRACT WILL BE REQUIRED FOR ALL NEW HOME CONSTRUCTION WHETHER STICK BUILT OR PREMANUFACTURED. THE RECORDING DATE OF THIS DEED MUST BE PRIOR TO 4/1/97.
3,	PROPERTY TAX I.D. NUMBER
4.	DESCRIPTION OF WORK PROPOSED AND USE OF BUILDING/PROPERTY:
	•
5.	OTHER PERMITS EVENTUALLY NECESSARY: Electrical Mechanical Plumbing
	The applicant or a licensed contractor must submit separate application forms for these permits prior to commencing work on that portion of the project.
	RESPONSIBILITIES OF APPLICANTS
structural work i	sponsibility of the applicant to call for all required inspections or before any electrical, plumbing, mechanical, or is concealed or covered. It is also the applicant's responsibility to obtain and submit separate applications for any anical, plumbing or building permits.
Monday through system operates	PARTMENT (Associated Government Services, Inc.) OFFICE HOURS are 8:00 am to 12:00 and 1:30pm to 4:30pm, a Friday. The HOME OFFICE may be contacted by PHONE at 269-629-0600 or 1-800-627-2801 (an answering 24 hours a day to obtain information, forms, and inspections); by MAIL at 8721 Gull Road, Suite B, Richland, MI, X at 269-629-0601.
Signed:	Date:

PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.

 ${\bf C:} \verb| KICHLAND | FORMS | MASTER DOCUMENTS | | ZONING$

5/8/08 CC