

ZONING PERMIT APPLICATION

City of Mount Clemens One Crocker Boulevard, Mount Clemens, Michigan 48043
586.469.6818

1. JOB LOCATION/ADDRESS

Street Address & Job Location (Street No. and Name)	Name of Owner/Agent
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11. CONTRACTOR/HOMEOWNER INFORMATION

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name	Driver's License Number	Expiration Date
Address (Street No. and Name)		City	State
Telephone Number	Contractor License Number	Federal Employer ID Number (or reason for exemption)	
Workers compensation Insurance Carrier (or reason for exemption)		MESC Employer Number (or reason for exemption)	

111. TYPE OF JOB

Res	Comm	Apt. Condo	New	Alteration	Other
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IV. FEE CHART

	ZONING REVIEW	PERMIT	#ITEMS	BOND	TOTAL
1. Fences-Residential	\$25				
2. Fences-Commercial	\$40	\$70			
3. Flag Poles	\$50				
4. Drives	\$55				
5. Drive Approach includes curb cuts (Res)	\$155				
6. Drive Approach includes curb cuts (Comm)	\$250				
7. Sheds	\$15	\$45			
8. Sidewalks - Residential		\$35			
9. Sidewalks - Commercial		\$85			
10. Sign-Awning/Wall	\$50	\$50 per side			
11. Sign-Pole/Monument	\$50	\$75 per side			
12. Street Opening Permit		\$250 per day			
13. Other					

V. APPLICANT SIGNATURE

Signature of Licensee or Homeowner	Print Name Legibly
Witness Signature and Title	Date

VI. HOMEOWNER AFFIDAVIT

I hereby certify the work described on this permit application shall be installed by myself in my own home in which I am living. All work shall be installed in accordance with the Code and shall not be enclosed, or covered up, until it has been inspected and approved by the Building Official. I will cooperate with the Building Official and assume the responsibility to arrange for necessary inspections.

Signature of Licensee or Homeowner	Date
Witness Signature and Title	Date
APPROVAL SIGNATURE	TITLE
BUILDING OFFICIAL	DATE

IX. SITE OR PLOT PLAN - FOR APPLICANT USE

