

ZONING PERMIT

City of Mount Clemens One Crocker Boulevard, Mount Clemens, Michigan 48043
586.469.6818 x903

PERMIT ISSUED TO:	
_____ Homeowner	_____ Contractor

JOB LOCATION/ADDRESS:		
Street Address & Job Location (Street No. and Name)	Name of Owner/Agent	Telephone Number:

CONTRACTOR INFORMATION			
Name		Driver's License No.	Expiration Date
Address (Street No. and Name)	City	State	Zip Code
Telephone Number	License Number	Federal Employer ID No.	
Workers Compensation Insurance Carrier		MESC Employer No.	

TYPE OF JOB:					
_____ Residential	_____ Commercial	_____ Apt/Condo	_____ New	_____ Alteration	_____ Other

FEE CHART:	ZONING REVIEW	PERMIT	# ITEMS	BOND	TOTAL
CELL TOWER (+REQ ELECT PERMIT)	\$250				
DRIVE APPROACH includes curb cuts – Commercial/PARKING LOT	\$250			\$500	
DRIVE APPROACH includes curb cuts – Residential	\$155			\$200	
DRIVEWAY/PATIOS	\$55			\$100	
FENCES: Commercial	\$40	\$70		\$500	
FENCES: Residential	\$25			\$100	
FLAG POLES	\$50				
MOBILE HOME SET UP	\$45			\$100	
SHEDS	\$15	\$45		\$100	
SIDEWALKS – Commercial		\$85		\$500	
SIDEWALKS – Residential		\$35		\$100	
STREET OPENING/WORK IN ROW		\$250 per day		\$1000 3 year surety	
CONTRACTOR REGISTRATION		\$30			
OTHER					
TOTAL FEES:					

APPLICANT SIGNATURE	
Signature of Licensee or Homeowner	Print Name Legibly
	Date

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
Approval Signature	Date
TITLE Community Development Department	