



CLAY TOWNSHIP

4710 Pointe Tremble (810) 794-9320
P. O. Box 429 FAX: (810) 794-1964
Algonac, MI 48001

ZONING COMPLIANCE PERMIT APPLICATION

AUTHORITY: ZONING ORDINANCE #126
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: CIVIL INFRACTION

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, & III, & IV AND SUBMIT WITH SITEPLAN/SURVEY
NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR ELECTRICAL, PLUMBING, & MECHANICAL PERMITS

I. TYPE OF PROJECT

1. ACCESSORY STRUCTURE (UNER 200 SQ. FT. & NOT TO EXCEED 8 FT. IN HEIGHT)
2. ALL FENCES 6 FT. IN HEIGHT OR LESS
3. RETAINING WALL LESS THAN 4 FT. IN HEIGHT
4. OTHER

PROJECT NAME

ADDRESS

II. IDENTIFICATION

Contractor
 Homeowner

Name

Address

City

State

Zip Code

Telephone Number

BUILDERS LICENSE NUMBER & EXPIRATION DATE (IF APPLICABLE)

III. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES THAT ARE APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

Name

Address

City

State

Zip Code

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 THIS APPLICATION AS HIS/HER AUTHORIZED AGENT. WE AGREE TO CONFORM TO THE CLAY TOWNSHIP ZONING ORDINANCE #126 AND ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

IV. APPLICANT'S SIGNATURE

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.

Signature of Licensee or Homeowner (Homeowner's signature indicates compliance with Section VI Homeowner Affidavit)

Date

Date of Birth

CLAY TOWNSHIP BUILDING/ZONING DEPARTMENT TO COMPLETE THIS SECTION:

	REQUIRED	APPROVED	DATE	BY
VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

REVIEWED & APPROVED BY: _____ DATE: ___/___/___
CLAY TOWNSHIP BUILDING/ZONING OFFICIAL

COMMENTS :