

CLAY TOWNSHIP

ZONING DEPARTMENT

810 794-9320

4710 POINTE TREMBLE
Clay Township, MI. 48001

APPLICATION FOR ZONING PERMIT

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

AUTHORITY: ZONING ORDINANCE #123
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: CIVIL INFRACTION

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

I. TYPE OF PROJECT	1. <input type="checkbox"/> ACCESSORY STRUCTURE (UNDER 200 SQ. FT. & NOT TO EXCEED 8 FT. IN HEIGHT) 2. <input type="checkbox"/> ALL FENCES 6 FT. IN HEIGHT OR LESS 3. <input type="checkbox"/> RETAINING WALL LESS THAN 4 FT. IN HEIGHT 4. <input type="checkbox"/> OTHER
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PROJECT NAME	ADDRESS
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TOWNSHIP	COUNTY	ZIP CODE
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II. IDENTIFICATION

A. OWNER OR LESSEE

NAME	ADDRESS
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CITY	STATE	ZIP CODE	PHONE NUMBER
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B. CONTRACTOR

NAME	ADDRESS
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CITY	STATE	ZIP CODE	PHONE NUMBER
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BUILDERS LICENSE NUMBER	EXPIRATION DATE
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III. APPLICANT INFORMATION

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

NAME	PHONE #	DATE OF BIRTH:
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ADDRESS	CITY	STATE	ZIP CODE
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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, AND WE AGREE TO CONFORM TO THE CLAY TOWNSHIP ZONING ORDINANCE AND ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A 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 subjected to civil fines.

SIGNATURE OF APPLICANT _____

CLAY TOWNSHIP ZONING DEPARTMENT TO COMPLETE THIS SECTION:

	REQUIRED?	APPROVED	DATE	NUMBER	BY
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VARIANCE GRANTED?	[] YES [] NO	[] YES [] NO			
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OTHER?	[] YES [] NO	[] YES [] NO			
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REVIEWED & APPROVED BY: _____ DATE: ___ / ___ / ___
 CLAY TOWNSHIP ZONING ADMINISTRATOR

COMMENTS:

**SITE OR PLOT PLAN - FOR APPLICANT USE
FOR PROPERTY LOCATED AT:** _____

