

SCMCCI

South Central Michigan Construction Code Inspection, Inc.
113 S Capitol Ave., PO Box 509, Athens MI 49011
Ph:269-729-5355 or Toll Free: 1-888-249-7077 Fx: 269-729-5359

Date: _____
Permit#: _____
Receipt#: _____
Fee: **\$79.00**
Method of Payment: _____

Zoning Permit Application
***Inspection Scheduling: 1-877-223-2292**
Office Hours 7:30am to 4:00pm M-F
closed 12:00pm to 12:30pm for lunch

A fully dimensioned site plan, indicating lot lines, location of all buildings presently on the property and location of the proposed new structure
Distances from lot lines and between all buildings must be shown. An inspection will not be scheduled until this site plan has been submitted
APPLICATION MUST BE COMPLETE - INCOMPLETE APP'S MAY BE RETURNED TO THE APPLICANTS WHICH COULD CAUSE DELAY.

1. JOB LOCATION			
Job Address:		Property Code#	
City/Village	Township	County	Zip Code
Between	And		

2. APPLICANT INFORMATION (application MUST be signed)			
Applicant Name		Address:	
City/Village	Township:	County:	Zip Code:
Home Phone	Work Phone	Fax:	

3. TYPE OF JOB				
Construct:	_____ New	_____ Alter	_____ Remodel	_____ Addition
_____ SFH	_____ SFH w/att. garage	_____ Pole Barn/Detached Garage	_____ Other	

4. PROJECT DIMENSIONS				
_____ Bldg. Width	_____ Bldg. Length	_____ Bldg. Height	_____ # of floors	_____ Total Sq Ft
_____ % of Lot Coverage	_____ Date of Lot Split	_____ Property size		

5. ZONING QUESTIONS - Please circle yes or no		
Does this property have frontage on two roads?	YES	NO
Does this property have lake frontage?	YES	NO
Is there a dwelling presently on this property?	YES	NO
Is there an accessory building presently on this property?	YES	NO
Is there an easement on this property, (i.e., utility, etc.)	YES	NO
Is this property located in a flood plain?	YES	NO
Is the construction located within 500 ft. of a lake, stream, or natural body of water?	YES	NO
Will the construction require the moving of one surface acre or more of land?	YES	NO
If construction is for accessory building (pole bldg) will it contain animals?	YES	NO

6. RESPONSIBILITIES OF APPLICANT
It is your responsibility to be aware of any deed restrictions, subdivisions regulations, flood plain regulations, and wetland regulations. I have read, acknowledged, and will comply with all of the above and with the land use regulations, as determined by the zoning administrator, or will go to the proper board for a variance if necessary

7 SIGNATURE OF APPLICANT		
Applicants Signature	Drivers License #	Date

Zoning Official's Signature

FOR OFFICE USE ONLY

Set backs:

Front of all construction must be a minimum of _____ ft

From the center of the road right of way and _____ ft

From the edge of the road right of way for subdivision streets.

Front:	Required _____ Feet	Actual is _____ Feet
Right Side:	Required _____ Feet	Actual is _____ Feet
Left Side:	Required _____ Feet	Actual is _____ Feet
Rear:	Required _____ Feet	Actual is _____ Feet

Permit Activity:

_____ Approved
_____ Denied _____

Referred to:

_____ Planning Commission
_____ Zoning Board of Appeals
_____ Other

Zoning/Deputy Zoning Administrator

Date