

SCMCCI

South Central Michigan Construction Code Inspection, Inc.
1309 Cleaver Rd Suite A Caro MI 48723
Ph: 989-672-3750 Fx: 989-672-3814

Zoning Permit Application
***Inspection Scheduling: 1-888-863-2904**
Office Hours 8:00am to 4:00pm M-F

Date: _____
Permit#: _____
Receipt#: _____
Fee: **\$90.00**
Method of Payment: _____

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/attached 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		