

# 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:	<input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition
<input type="checkbox"/> SFH	<input type="checkbox"/> SFH w/attached garage	<input type="checkbox"/> Pole Barn/Detached Garage	<input type="checkbox"/> Other	

## 4. PROJECT DIMENSIONS

<input type="checkbox"/> Bldg. Width	<input type="checkbox"/> Bldg. Length	<input type="checkbox"/> Bldg. Height	<input type="checkbox"/> # of floors	<input type="checkbox"/> Total Sq Ft
<input type="checkbox"/> % of Lot Coverage	<input type="checkbox"/> Date of Lot Split	<input type="checkbox"/> 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