

ZONING PERMIT APPLICATION

Building Official
 CITY HALL – 208 N. FIRST AVENUE
 ALPENA, MICHIGAN 49707-2885
 Telephone: (989) 354-1761 - FAX (989) 354-1709



Applicant to Complete Numbered Spaces Only:

Computer #	Date Received	Permit No.
Job Address		
Owner	Address	Phone
Contractor	Address	Phone
Class of Work <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moved <input type="checkbox"/> Demolition <input type="checkbox"/> Sign		
Use of Building		
Describe Work		
Valuation		
NOTICE		
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OR ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		STAFF NOTES
_____ Signature of Contractor or Authorized Agent (Date)		
_____ Signature of Property Owner (Date)		

PLOT PLAN

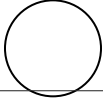
ADDRESS _____ PERMIT NO. _____

SITE AREA _____ Sq. Ft. AREA OF SITE OCCUPIED BY BUILDINGS _____ Sq. Ft.

INSTRUCTIONS TO APPLICANT

THIS FORM NEED NOT BE USED WHEN PLOT PLANS DRAWN TO SCALE OF NOT LESS THAN 1' = 20" ARE FILED WITH PERMIT APPLICATION. (EACH BUILDING SITE MUST HAVE A SEPARATE PLOT PLAN.)

FOR NEW BUILDINGS, PROVIDE THE FOLLOWING INFORMATION IN THE SPACE BELOW: LOCATION OF PROPOSED CONSTRUCTION AND EXISTING IMPROVEMENTS, SHOWING BUILDING, SITE, AND SETBACK DIMENSIONS, SHOW EASEMENTS, FINISH COUTOURS OR DRAINAGE, FIRST FLOOR ELEVATION, STREET ELEVATION AND SEWER SERVICE ELEVATION. SHOW LOCATION OF WATER, SEWER, GAS AND ELECTRICAL SERVICE LINES, SPECIFY THE USE OF EACH BUILDING AND MAJOR PORTION THEREOF.



INDICATE NORTH IN CIRCLE

I/We certify that the proposed construction will conform to the dimensions and uses shown above and that no changes will be made without first obtaining approval

NAME (S) OF OWNER (S) OF SITE & STRUCTURE (S) (PRINT)

SIGNATURE OF OWNER (S) OR AUTHORIZED REPRESENTATIVE

DO NOT WRITE BELOW THIS LINE

APPROVED
AS NOTED _____

ZONING
APPROVAL _____

DATE _____