



## Building Department

52700 Van Dyke Ave., Shelby Township, MI 48316 Phone: 586-731-5969 Fax: 586-803-2099

### Zoning Compliance Permit Application

(e.g. Detached accessory buildings ≤ 200 s.f.)

|                    |                            |
|--------------------|----------------------------|
| <b>Authority:</b>  | Section 16.02, Zoning Ord. |
| <b>Completion:</b> | Mandatory to obtain permit |
| <b>Penalty:</b>    | Permit cannot be issued    |

#### I. Project Location

|                     |  |             |
|---------------------|--|-------------|
| Street Address      | Have permits been obtained for other work related to this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required |             |
| Name of Owner/Agent | Lot #  | Subdivision |

#### II. Owner Information

|              |               |            |          |
|--------------|---------------|------------|----------|
| Owner's Name | Phone         | Cell Phone |          |
|              | Facsimile     | Email      |          |
| Address      | City/Township | State      | Zip Code |

#### III. Description

|  |                                 |
|--|---------------------------------|
| Use<br><input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ | Estimated Cost of Project<br>\$ |
| Describe the proposed project in detail (e.g. construct a 10 foot x 10 foot storage shed)  | Area (square feet)              |
| Indicate the proposed use (e.g. storage of items accessory to a single family home)  |                                 |

#### V. Owner Signature

|   |               |
|---|---------------|
| I hereby certify that I am the owner of record and I agree to conform to all applicable ordinances of the Charter Twp. of Shelby. All information submitted on this application is accurate to the best of my knowledge. <b>No work shall proceed until a permit is issued.</b> |               |
| Signature of Applicant  | Date          |
| Drivers' License #  | Date of birth |

-----

#### For Building Department Use

Approved \_\_\_\_\_

Conditions \_\_\_\_\_

See plan review record for complete listing of conditions and requirements

Denied Reason(s) \_\_\_\_\_

Plan Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Permit Fee Total

Property # \_\_\_\_\_

Permit # \_\_\_\_\_

**\$ 35.00**