



CITY OF ECORSE
BUILDING DEPARTMENT
ZONING PERMIT APPLICATION
RESIDENTIAL
3869 W Jefferson, MI 48229
PH: (313) 386-3636

FOR OFFICE USE ONLY
PERMIT #: \_\_\_\_\_
DATE ISSUED: \_\_\_\_\_
ISSUED BY: \_\_\_\_\_



PROJECT INFORMATION

Job Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

BUILDING TYPE

[ ] Residential [ ] Multi-Family

ZONING PERMIT REQUEST FOR:

CONCRETE

[ ] Sidewalk [ ] Driveway [ ] Approach [ ] Patio [ ] Other

FENCE (To remove existing Fence notarized letters from adjacent neighbors are required)

[ ] Wood/Vinyl [ ] Chain link Height: \_\_\_\_\_

ACCESSORY STRUCTURE

[ ] Shed (Max secondary accessory structure is 150 Square Feet-single story-must comply with setbacks)

Size (Sq.Ft.): \_\_\_\_\_ [ ] Other \_\_\_\_\_

Describe work in detail:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_ \$ \_\_\_\_\_
By Applicant By Department

APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License # \_\_\_\_\_ Federal ID # \_\_\_\_\_ Comp. Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact # /Name: \_\_\_\_\_

[ ] Check if Owner is same as Applicant

OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SHOW ON A SCALED DRAWING, MORTGAGE OR STAKED SURVEY THE ENTIRE LOT, THE LOCATION OF ALL BUILDINGS ALONG WITH LOCATION OF THE PROPOSED PROJECT. INDICATE THE DISTANCE OF THE PROJECT FROM PROPERTY LINES, BUILDINGS, ALONG WITH THE PROJECT DIMENSIONS; HEIGHT, WIDTH AND LENGTH.

I, CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THAT I HAVE REVIEWED ALL DEED RESTRICTIONS WHICH MAY APPLY TO THIS CONSTRUCTION AND AM AWARE OF MY RESPONSIBILITY THEREUNDER.

Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_