City of Ecorse

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 Height:_____

ACCESSORY STRUCTURE

☐ Shed (Max secondary accessory structure is 200 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**: _____