



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: _____