



# ZONING COMPLIANCE PERMIT APPLICATION

## CITY OF NILES - BUILDING SAFETY DIVISION

1345 E. Main Street

Niles, MI 49120

269.683.2374

[buildingsafety@nilesmi.org](mailto:buildingsafety@nilesmi.org)

[www.nilesmi.org](http://www.nilesmi.org)

ZC \_\_\_\_\_

Receipt # \_\_\_\_\_

Date: \_\_\_\_\_ Project Location: \_\_\_\_\_

Zoning: \_\_\_\_\_ Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

New: \_\_\_\_\_ Repair: \_\_\_\_\_ Alteration: \_\_\_\_\_ Addition: \_\_\_\_\_

Contractor: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Lot dimensions: (w) \_\_\_\_\_ x (d) \_\_\_\_\_ Area of lot: \_\_\_\_\_ sq. ft. X \_\_\_\_\_ % = \_\_\_\_\_ sq. ft.

Principle Structure : \_\_\_\_\_ sq. ft. \_\_\_\_\_ % Existing Accessory Structures: \_\_\_\_\_ sq. ft. \_\_\_\_\_ %

Available Coverage: \_\_\_\_\_ sq. ft Height: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total sq. ft: \_\_\_\_\_

Site plan, including setbacks may be drawn below or provided as a separate attachment

I hereby certify that the above information is correct to the best of my knowledge and agree to construct said work in accordance with the provisions of the statutes of the State, the Building code, and the City of Niles Zoning Ordinance.

PROPERTY OWNER AFFIDAVIT: I hereby certify that I know where my property boundary lines are located and have verified their existence. I additionally certify that these improvements to my property described above have been located accurately on the plot plan and that the distances shown to the property lines are correct.

X

X

Signature of owner or owner's agent\*

Zoning Administrator or Authorized Agent

**\*Agent assures liability for verification of property boundaries if signed by agent**

