

CITY OF PONTIAC
DEPARTMENT OF BUILDING & SAFETY
 47450 Woodward Avenue
 Pontiac Michigan 48342
 248-758-2800/FAX 248-758-2827

APPLICATION FOR ZONING COMPLIANCE PERMIT

APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III and IV. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS.

I. PROJECT INFORMATION			
Project Name		Address	
City	PONTIAC	State	MICHIGAN
County	OAKLAND		Zip Code
Between		And	
II. IDENTIFICATION			
A. OWNER			
Name		Address	
City	State	Zip Code	Telephone Number
C. CONTRACTOR			
Name		Address	
City	State	Zip Code	Telephone Number
Builders License Number		Expiration Date	
Federal Employer ID Number or Reason For Exemption		Workers Comp Insurance Carrier or Reason For Exemption	
Cell Number		E-Mail Address	
MESC Employer Number or Reason For Exemption			
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT			
1. ____ Fence Front Yard (not to exceed four feet in height) 2. ____ Fence Rear Yard (not to exceed six feet in height) ____Chain Link ____Privacy 3. ____ Detached Garage/Shed 4. ____ Service Sidewalk 5. ____ Driveway 6. ____ Other _____			
A Non-Refundable Fee of \$150.00 Zoning Compliance Review fee will be charged for processing			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.			
Name			Telephone Number
Address		City	State Zip Code
I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF APPLICANT:		DATE:	

