

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	County	OAKLAND
		MICHIGAN		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. <input type="checkbox"/> Fence Front Yard (not to exceed four feet in height) 2. <input type="checkbox"/> Fence Rear Yard (not to exceed six feet in height)				
<input type="checkbox"/> Chain Link <input type="checkbox"/> Privacy 3. <input type="checkbox"/> Detached Garage/Shed 4. <input type="checkbox"/> Service Sidewalk				
5. <input type="checkbox"/> Driveway 6. <input type="checkbox"/> 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:	