

SAFEbuilt, INC.
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
 OFFICE: 269-729-9244 FAX: 269-729-9254
 INSPECTION SCHEDULING: 877-721-9266
 EMAIL: athensmi@safebuilt.com
 WEBSITE: www.cornerstonemi.net
 Authority: 1972 PA 230
 Completion: Mandatory to obtain permit
 Penalty: Permit cannot be issued

Permit # _____
 Fee ___\$75.00_____
 Method of Payment _____
 Receipt # _____

MAKE CHECK PAYABLE TO THE MUNICIPALITY IN WHICH YOUR PROJECT IS LOCATED

ZONING PERMIT APPLICATION

A drawing (site plan shown from a "bird's eye" view) indicating property lines, location of all buildings presently on the property and location of the proposed new structure(s), must be submitted with this application. The site plan should also include measurements from your new project to property lines and distances between all buildings. An inspection will not be scheduled until the permit fee has been paid, a site plan has been submitted, proof of ownership of property has been provided, and the project has been marked in some way (in ground with stakes or on ground with painted markings). Please call our office at (269) 729-9244 to request your inspection, once all criteria is met. "Change of Use" applicants are exempt from providing a site plan as indicated and instead, will provide a statement of the proposed new use of the existing structure.

I. Job Location

JOB Address		Name of Owner	
Name of City, Village or Township in which job is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:		County	
Owner Telephone			

II. Applicant (Contractor/Property Owner Information)

Contractor Owner

Address		City, State	Zip
Telephone	Work/Cell Phone	Fax	Email

III. Type of Job (PLEASE MARK AS MANY AS ARE APPLICABLE)

<input type="checkbox"/> New	<input type="checkbox"/> Single Family or Two Family Home <u>Circle One</u>	<input type="checkbox"/> Outbuilding (Barn/Shed/Carport) <u>Circle One</u>
<input type="checkbox"/> Addition	<input type="checkbox"/> Mobile Home or Prefab <u>Circle One</u>	<input type="checkbox"/> Garage (Attached/Detached) <u>Circle One</u>
<input type="checkbox"/> Alteration/Remodel <u>Circle One</u>	<input type="checkbox"/> Fence - Indicate Type Here _____	<input type="checkbox"/> Pool (Above/Below Ground) <u>Circle One</u>
<input type="checkbox"/> Change of Use (Current Use _____)	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Commercial Building
<input type="checkbox"/> Other _____	<input type="checkbox"/> Deck/Porch <u>Circle One</u> (Attached/Detached) <u>Circle One</u>	

IV. Project Dimensions

_____ Project Width
 _____ Project Length
 _____ Project Height (from grade to highest point)
 _____ # of Floors
 _____ Total Square Feet

V. Zoning Questions (PLEASE CIRCLE YES OR NO)

Does this property have frontage on two roads?	YES	NO
Does this property have lake frontage?	YES	NO
Is there a dwelling presently on this property?	YES	NO
Is there an accessory building presently on this property?	YES	NO
Is the construction located within 500 ft of a lake, stream, or natural body of water?	YES	NO
Will the construction require the moving of one surface acre or more of land?	YES	NO
If construction is for an accessory building, will it contain animals?	YES	NO

VI. Responsibilities of Applicant: It is your responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations. I have read, acknowledged, and will comply with all of the above and with the land use regulations, as determined by the zoning administrator, or will go to the proper board for a variance/special consideration and will provide in writing such approvals, if granted, to the zoning administrator.

APPLICANT SIGNATURE	DATE
Zoning Official's Signature	Date

**RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE APPROPRIATE MUNICIPALITY'S RETURNED CHECK POLICY
 AN ADMINISTRATIVE FEE OF \$65.00 WILL BE RETAINED FOR CANCELED/TERMINATED PERMITS OR APPLICATIONS**