SAFEbuilt, Inc.
107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
OFFICE: 269-729-9244 **INSPECTION SCHEDULING:**
877-721-9266 FAX: 269-729-9254
EMAIL: athensmi@safebuilt.com
WEBSITE: safebuilt.com/locations/athens-office

Permit # _____
Fee ___$81.00_____
Method of Payment _____
Receipt # _____

Authority: 1972 PA 230
Completion: Mandatory to obtain permit
Penalty: Permit cannot be issued

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: **() City () Village () 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)

() New
() Addition
() Alteration/Remodel Circle One
() Change of Use (Current Use_____)
() Other_____

() Single Family or Two Family Home Circle One
() Mobile Home or Prefab Circle One
() Fence - Indicate Type Here_____
() Foundation Only
() Deck/Porch Circle One (Attached/Detached) Circle One

() Outbuilding (Barn/Shed/Carport) Circle One
() Garage (Attached/Detached) Circle One
() Pool (Above/Below Ground) Circle One
() Commercial Building– indicate use below

IV. Project Dimensions

Proposed Use of Commercial Building _____

____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