

# SCMCCI

South Central Michigan Construction Code Inspection, Inc.  
 113 S. Capitol Ave., PO Box 509, Athens MI 49011  
 Ph:269-729-5355 or Toll Free: 1-888-249-7077 Fx: 269-729-5359

Date: \_\_\_\_\_  
 Permit#: \_\_\_\_\_  
 Receipt#: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_

**Zoning Permit Application**  
**\*Inspection Scheduling: 1-877-223-2292\***  
 Office Hours 7:30am to 4:00pm M-F  
 Closed 12:00pm - 12:30pm for lunch

A fully dimensioned site plan, indicating lot lines, location of all buildings presently on the property and location of the proposed new structure  
 Distances from lot lines and between all buildings must be shown. An inspection will not be scheduled until this site plan has been submitted  
**APPLICATION MUST BE COMPLETE - INCOMPLETE APP'S MAY BE RETURNED TO THE APPLICANTS WHICH COULD CAUSE DELAY.**

|                        |          |                |          |
|------------------------|----------|----------------|----------|
| <b>1. JOB LOCATION</b> |          |                |          |
| Job Address:           |          | Property Code# |          |
| City/Village           | Township | County         | Zip Code |
| Between                | And      |                |          |

|  |            |          |           |
|--|------------|----------|-----------|
| <b>2. APPLICANT INFORMATION (application MUST be signed)</b> |            |          |           |
| Applicant Name   |            | Address: |           |
| City/Village   | Township:  | County:  | Zip Code: |
| Home Phone   | Work Phone |          | Fax:      |

|                       |                         |                                 |               |                |
|-----------------------|-------------------------|---------------------------------|---------------|----------------|
| <b>3. TYPE OF JOB</b> |                         |                                 |               |                |
| Construct:            | _____ New               | _____ Alter                     | _____ Remodel | _____ Addition |
| _____ SFH             | _____ SFH w/att. garage | _____ Pole Barn/Detached Garage | _____ Other   |                |

|                              |                         |                     |                   |                   |
|------------------------------|-------------------------|---------------------|-------------------|-------------------|
| <b>4. PROJECT DIMENSIONS</b> |                         |                     |                   |                   |
| _____ Bldg. Width            | _____ Bldg. Length      | _____ Bldg. Height  | _____ # of floors | _____ Total Sq Ft |
| _____ % of Lot Coverage      | _____ Date of Lot Split | _____ Property size |                   |                   |

|   |     |    |
|---|-----|----|
| <b>5. ZONING QUESTIONS - Please circle yes or no</b>                                    |     |    |
| 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 there an easement on this property, (I.e., utility, etc.)                            | YES | NO |
| Is this property located in a flood plain?  | 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 accessory building (pole bldg) will it contain animals?          | YES | NO |

**6. RESPONSIBILITIES OF APPLICANT**  
 It is your responsibility to be aware of any deed restrictions, subdivisions 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 if necessary

|                                 |                   |      |
|---------------------------------|-------------------|------|
| <b>7 SIGNATURE OF APPLICANT</b> |                   |      |
| Applicant's Signature           | Drivers License # | Date |

Zoning Official's Signature