



# CHARTER TOWNSHIP OF PORT HURON

## Building & Planning & Zoning Department

3800 Lapeer Rd ~ Port Huron Twp, MI 48060 ~ (810) 987-6600 ~ Fax: (810) 987-6712  
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### ZONING PERMIT APPLICATION

#### SHEDS, DECKS, FENCES, GRADE CHANGES, SIGN FACE REPLACEMENTS, MISC., ETC.

Application must be Fully Completed. Faxed or Incomplete Application or Application completed in pencil will not be accepted.  
Plans are approved subject to compliance Charter Township of Port Huron Zoning Ordinances whether marked or not.

<b>I. Project Information</b>		
Project Address:	Parcel ID# <b>74-28--</b> _____ - _____ - _____ - _____ - _____	
Type of Project:	Square Feet:	Estimate Construction Cost:

<b>A. Applicant/ Owner/ Contractor Information – Responsible for all Fees, Charges and Information</b>			
Name:		Address:	
City:	State:	Zip Code:	Telephone #: (Include Area Code)
E-Mail Address:			Cell # (Include area code)
Drivers License #			Expiration Date:
Builders License Number:			Expiration Date:
Federal Employer ID Number (or reason for exemption)		Workers Comp Insurance Carrier (or reason for exemption)	

I hereby certify that the proposed work is authorized by the legal owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and that we agree to conform to all applicable laws of the State of Michigan and The Charter Township of Port Huron Zoning Ordinances. I also certify that all Information submitted on this application is accurate to the best of my knowledge. Permission is hereby granted for the Charter Township of Port Huron to access the property for official business.

**xSignature of Applicant =** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>B. Project Description:</b>	
_____ _____ _____ _____ _____	

<b>C. Owner Information</b>		<b>Same As Above Yes _____ No _____</b>	
Name:		Address:	
City:	State:	Zip Code:	Telephone # (Include Area Code)
E-Mail Address:			Cell # (Include area code)

\*\* Note: Must attach a Site Plan and or Use back of Application

II. **OFFICE USE ONLY BELOW** Local Governmental Agency to Complete This Section

	Required ?	Approve / Deny	Date	Refer #	By
A. Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B. ZBA Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

### III. Validation – For Department Use Only

Use Group: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Base Fee: \$50.00 Number of Inspections:

<b>Building Official Approval Signature:</b>	Date:
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## Review

### Comments: