

CHARTER TOWNSHIP OF PORT HURON

Building & Planning & Zoning Department

3800 Lapeer Rd ~ Port Huron Twp, MI 48060 ~ (810) 987-6600 ~ Fax: (810) 987-6712 www.porthurontownship.org

ZONING PERMIT APPLICATION

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

Application must be <u>Fully Completed</u>. 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.

I. Project Information										
Project Address:		Parcel ID# 74-28								
Type of Project:	Square Feet:	Estimate Construction Cost:								
A. Applicant/ Owner/ Contractor	sible for all Fees, Char	ges and Information								
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 au application as his/her authorized agent, and tha Huron Zoning Ordinances. I also certify that a hereby granted for the Charter Township of Po	nt we agree to conform to all a Il Information submitted on t	pplicable laws of the State of this application is accurate	Michigan and The Charter Township of Port							
×Signature of Applicant =			Date://							
B. Project Description:										
, reserved										
C. Owner Information		Same As Abo	ve Yes No							
Name:		Address:								
City:	State:	Zip Code:	Telephone # (Include Area Code)							
E-Mail Address:			Cell # (Include area code)							

^{**} Note: Must attached a Site Plan and or Use back of Application

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II. OFFICE USE ONLY BELOW Local Governmental Agency to Complete This Section													
		Required?	Approve / Deny	Date	Refer #	By							
A. Zoning		YesNo											
B. ZBA Variance		YesNo											
C. Other		_Yes _No											
III. Validatio	n – For Depart	ment Use Only											
Use Group:	Type of Const	ruction:	Square Feet: Bas	se Fee: <u>\$25.00</u>	Number of I	nspections:							
Building Official App	oroval Signatu	re:			Date:								
Review													
Comments:													