

Parcel Number

Permit Number



NOTE: Obtain Building, Plumbing, Mechanical and Electrical Permits from Branch County Building Department 517-279-4303

I. JOB LOCATION			
SITE ADDRESS		TYPE OF PROJECT	
VILLAGE OF: Quincy		COUNTY Branch	ZIP CODE 49082

II. IDENTIFICATION			
A. Owner or Lessee (proof of ownership required) _____ Property Owner _____ Land Contract			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER
			FAX NUMBER

B. Contractor			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
BUILDERS LICENSE NUMBER	EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER	WORKERS COMP INSURANCE

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

CONTRACTOR SIGNATURE	DATE

III. HOMEOWNER AFFIDAVIT	
I hereby certify that the work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. Section 23A of the State Construction Code Act of 1972, being Section 125.1523A of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subject to civil fines.	
HOMEOWNER SIGNATURE	DATE

IV. Type of Improvement			
<input type="checkbox"/> New Building	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Accessory Structure	
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Swimming Pool	
<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Fence	<input type="checkbox"/> Other	

V. Local Governmental Agency to Complete this Section

The departments identified below as being applicable to this construction project must provide written approval PRIOR to the issuance of the zoning permit by the Village.

	REQUIRED	APPROVED	DATE
A - Zoning	Yes No		
B - Fire District	Yes No		
C - Drive/Curb Cut	Yes No		
D - Addressing	Yes No		
E - Soil Erosion	Yes No		
F - Flood Zone	Yes No		
G - Water Supply	Yes No		
H - Septic System	Yes No		
I - Variance	Yes No		
J - Other	Yes No		

VI. PROPOSED USE OF BUILDING

RESIDENTIAL	NON-RESIDENTIAL	
One Family, No. Bedrooms: _____	Assembly	Industrial
Multi-Family, No. Units: _____	Business	Church/Religion
Hotel/Motel, No Units: _____	Educational	Parking Garage
Mobile Home	Factory	Service Station
Garage _____ Attached _____ Detached	Institutional/Hospital	Tanks Towers
Pole Building / Storage Building	Mercantile	Amusement
Other: _____	Storage	Other _____
	Utility/Miscellaneous	

VII. DESCRIPTION OF PROJECT - Please provide a detailed description of your permit request, include dimensions, in the space provided below

	Estimated Cost of Project \$ _____
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A. Setbacks

Front Setback	Rear Setback	Side Setback	Side Setback
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Is the parcel within 500' of a lake, stream, river or any body of water?

If yes, State Law, (PA 451, Part 91) requires a Soil and Sedimentation Permit Application be completed.

B. Number of off-street parking spaces

Enclosed _____ Outdoors _____

C. Plot Plan

Please include each item listed below on the plot plan on page 4 of this application. Check the "drawn" box after the item is included in the plot plan. Check the N/A box if the item required is not applicable to your parcel.

Drawn	N/A	<u>Required Information to be Included on Plot Plan</u>
		Property line dimensions and property shape
		Location of street
		Location of sidewalk (if applicable)
		Location, shape & size of all existing & proposed buildings on property
		Location of all driveways and parking areas
		Distances of structures to property lines and other structures
		Place north arrow on plot plan
		Rivers, lakes, wetlands, or streams within 500 ft
		Other essential zoning information

XI. VALIDATION - DEPARTMENT USE ONLY

Zoning District:

Approval based on Zoning Ordinance:

A. Approval

Signature of Zoning Administrator:

Date:

XII. SITE OR PLOT PLAN - FOR APPLICANT USE**XIII. AFFIDAVIT**

I agree the statements made above are true, and if found not to be true or incomplete, any zoning permit that may be issued may be void. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the Village of Quincy Ordinances will be complied with.

Signature of Applicant

Date