

# SHED

## APPLICATION FOR ZONING COMPLIANCE PERMIT

City of New Baltimore  
36535 Green Street  
New Baltimore, MI 48047  
(586) 725-2151 Fax (586) 725-6927

Date: \_\_\_\_\_

ADDRESS where improvement is to be made \_\_\_\_\_

Description of proposed work: \_\_\_\_\_

Cost of improvement \$ \_\_\_\_\_

Total area (square footage) \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_

Legal description of property: Lot #: \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner name: \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner City, State, Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant City, State, Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Applicant signature \_\_\_\_\_

*All work must be completed in accordance with the State of Michigan Building Code and all applicable City Ordinances*

**Complete for Builder/Contractor:**

Name on Builder's License: \_\_\_\_\_

Builder's License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ATTACH SEPARATE SHEET(S) FOR DRAWINGS AND/OR PLOT PLAN**

*For Office Use Only*

Permit # PB- \_\_\_\_\_ Approved by: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Building Inspector

Permit Fee: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Total Due: \_\_\_\_\_

Date Received