



CITY OF HOWELL

611 E. Grand River Ave.
Howell, MI 48843
(517) 546-3861
fax (517) 546-6030

APPLICATION FOR BUILDING AND ZONING PERMIT

Property Tax ID#:

City Permit #:

Date:

Name:

Property Address:

City:

State:

Zip:

OWNER INFORMATION

Name:

Phone:

Address:

City:

State:

Zip:

Owner's Signature: _____

ARCHITECT OR ENGINEER if applicable (required for commercial work)

Name:

Phone:

Address:

City:

State:

Zip:

Email:

License #:

CONTRACTOR

Name:

Phone:

Address:

City:

State:

Zip:

Email:

License #:

Exp. Date:

Federal Employee ID:

TYPE OF IMPROVEMENT

- | | | | | | |
|---|-------------------------------------|--|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mobile Home Set-Up |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Porch/Deck | <input type="checkbox"/> Fence | <input type="checkbox"/> Sign | <input type="checkbox"/> Roof | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Garage/Accessory Structure | <input type="checkbox"/> Site work | <input type="checkbox"/> Other (please specify): | | | |

Project narrative - Describe current and proposed use of property and structures:

Estimated cost: _____

Plan Review Fee: _____

Permit Fee: _____

Performance Bond: _____

TOTAL DUE: _____

Continued on back

ZONING INFORMATION

Zoning R-1 R-2 R-M B-1 B-2 CBD O-1
 HL-1 HL-2 PUD MXD I-1 I-2

Lot Size: _____ Lot Dimensions: Width: _____ Length: _____
 Corner lot? Yes No
 Setbacks: Front: _____ Rear: _____ Right Side: _____ Left Side: _____
 Height (of building, sign, or fence): _____
 Minimum distance between buildings: _____
 Easement or right-of-way on property? Yes No Tree Clearing? Yes No
 Grading or excavation which changes site elevation by more than three feet? Yes No
 Excavation or grading over 100 cubic yards of earth? Yes No
 Storage of hazardous materials? Yes No
 Number of off-street parking spaces (for non-residential projects): _____ Barrier-free spaces: _____

BUILDING INFORMATION

Type of foundation: _____ General type of construction: _____
 Building size: _____

	Existing	Alterations	New Total
Basement			
House			
Garage			
Other			

Sign Information:
 Type of sign: Freestanding Wall Window Projecting
 Sign area (measured as smallest rectangle that can be drawn around the advertising): _____
 Dimensions: Length: _____ Width: _____ Height: _____

APPLICANT INFORMATION

Name: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

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

Section 23a of the State Construction Code Act of 1972, Act. No. 230 of Public Acts 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 residential structure. Violators of Section 23a are subject to civil fines.

Signature: _____ Date: _____

Please Print: _____ Title: _____

CITY USE ONLY

Permit/Inspection	Required?	Approved	Date	By
Site	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mechanical	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Land Use	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Zoning Approval:

Signature: _____

Title: _____

Date: _____

Building Approval:

Signature: _____

Title: _____

Date: _____

CTY BLD: _____