

City of Walled Lake 1499 E West Maple, Walled Lake, MI 48390 248-624-4847 Fax 248-624-1616

For Department Use Only					
Date Received					
Number of plan sets received					

ZONING PERMIT APPLICATION

DATE		WING I LINWIII A	LICATIO	/14	
	JOB ADDRESS_				
1. Owner's Information					
	Address			DI	
	State	Zip Code		Phone	
Email Address					
2. Contractor's Informa	ation				
Name	Address _				
City	State	Zip Code	Pho	one	
Email Address					
State/Local License Numb	er	Federal Employer	ID/Exempti	on	
	nsurance Carrier or reason for				
·	or reason for exemptions	•			
3. Type of Work/Fee S					
TYPE OF WORK				FOR EACH	TOTAL
Application Fee			\$	50.00	\$50.00
Plan Examination Fee (n Temporary Sign / Chang	•		\$ \$	35.00 60.00	\$35.00
Fences	e or race sign		\$	120.00	
Asphalt/Concrete/Driveway and culvert work in the right of way			\$	60.00	
Work not involving Sq F		5110 01 1101	\$	60.00	
	rage may require Site Plan revie	ew and application**	,		
Grading: Res/Com	<u> </u>	•••		00 / \$120.00	
Parking Lots (existing)			\$	120.00	
Detached Accessory Str	uctures*	<u> </u>			
	cks/Porch – Less than 200 SQ F		\$	120.00	
	ny structure over 200 SQ FT red	quires a <u>Building Per</u>	<u>mit</u>		
INSPECTION/REGISTRAT			Ć	50.00	
	inspection		\$	50.00 25.00	
LICE	ense registration fee		۲	TAL COST =	
*Note: All refunds subje	ect to 25% service fee		10	71AL CO31 -	
-	00) due at time of submission.	Permit fee(s) may be	paid once r	olans are approv	ed.
4. Plan Review Require		() - /		12 12 - 2 - 2	
	bmission requirement for each so	cope of work. Please i	note, no appli	ications will be ac	cepted without
ALL the required materials					
	construction code act, P.A. 230 of				-
	equirement of this State relating i tion 23a are subject to civil fines.	in persons who are to	pertorm work	on a residential b	building or a reside
	roposed work is authorized by the	he owner of record an	d that I have	been authorized	by the owner to r
	authorized agent, and we agree				-
of Michigan. All informati	ion submitted on this application	is accurate to the bes	t of my know		
PERMIT IS VALID FOR 6 M	ONTHS. 24 hour notice	required to schedule i	nspections		
Applicant! C:				Data	
Applicant's Signature	☐ Contractor ☐ Property	Owner		Date	

For Department Use: Per all City Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.					
Approved by		Date			
	Zoning				
Approved by _		Date			
	Public Services Water Division				
	Gate Valve Clearance				
Approved by		Date			
	Public Services Road Division				
	Storm Drainage				

Fence

*Please note that all submissions shall require (2) site drawings including the following information:

- Property lines
- All buildings on site
- Type, height, and material of proposed fence
- Location, dimensions, and distance from property lines of each of the following
 - Proposed and any existing fencing (clearly distinguishable)
 - Driveways/sidewalks on parcel and neighboring parcel
 - Post holes (include depth)
 - A post hole inspection is required prior to final inspection

Detached Accessory Structures

*Please note that all submissions shall require (2) drawings including the following information:

- Property lines
- Location, dimensions, and distance from property lines of each the following.
 - All existing buildings
 - The proposed structure
 - All driveways/sidewalks on parcel and neighboring parcel
- For Decks Only
 - Location and depth of post holes need to be shown on plans
 - A Post hole inspection is required prior to final inspection

Driveway/Sidewalk

*Please note that all submissions shall require (2) drawings including the following information:

- Culvert inspection required
- Property lines
- Location, dimensions, and distance from property lines of each the following.
 - All existing buildings
 - All driveways/sidewalks on parcel and neighboring parcel