

PROJECT # _____

PERMIT # _____

RESIDENTIAL ZONING PERMIT APPLICATION

CITY OF LIVONIA – INSPECTION DEPARTMENT

33000 CIVIC CENTER DRIVE

LIVONIA, MI 48154

(734) 466-2580

Email Plans: Inspectionplans@ci.livonia.mi.us



Please Print

DATE: _____

Contractors Name	Street Address	City/Zip Code	Phone No.
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Residents Name	Street Address	City/Zip Code	Phone No. (Required to Issue)
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Is this property located within 500ft of any open water course (lake, river, stream, wetland, drain etc.) as outlined in part 91, of the Natural Resources & Environmental Protection Act 1994 P.A. 451 YES _____ NO _____

CIVIC ASSOC. APPROVAL REQ'D: YES ___ NO ___ Contractors E-Mail Address _____

TO CONSTRUCT: FENCE SHED
Check Box

Other Information on Project: _____

Address of Project	Street	Livonia, MI _____	Zip Code	Estimated Cost: \$ _____
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NOT TO BE FILLED IN BY APPLICANT

ZONING AND HOUSING EXAMINATION PLAN # _____ ON THE _____ SIDE OF N/E/S/W

_____ ZONING _____ BETWEEN _____ AND _____
Street Address

LOT # _____ SUBDIVISION _____ SECTION _____

PROPERTY NUMBER _____ LOT COVERAGE _____ %

LOT WIDTH _____ LOT DEPTH _____ TOTAL AREA _____ SQ. FT.

CORNER LOT ___ INTERIOR LOT ___ ALLEY REAR ___ OR SIDE ___ EASEMENT REAR ___ OR SIDE ___
Size Size

PERMIT TO BE ISSUED FOR _____

APPROVED BY _____ DATE _____ ZONING _____	ZONING FEE \$ _____
ZONING GRANT # _____ DATE _____	ADMIN. FEE \$ 42.00
	TOTAL FEES \$ _____

CONTRACTOR INFORMATION

Q.O. NAME _____ TELEPHONE NO. _____

ADDRESS _____ DRIVER LIC. # _____

CITY _____ STATE _____ ZIP CODE _____

BUILDERS LICENSE NO. _____ EXPIRATION DATE _____

FEDERAL EMPLOYER ID NUMBER
OR REASON FOR EXEMPTION _____

WORKERS COMP INSURANCE CARRIER _____ MESC EMPLOYER NUMBER _____
OR REASON FOR EXEMPTION _____ OR REASON FOR EXEMPTION _____

“Section 23a of the state construction codes 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 perform work on residential building or a residential structure. Violators of section 23a are subjected to civil fines.”

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 authorized agent and we agree to conform to all applicable Ordinances of the City of Livonia including minimum structure setbacks (front, side and rear) and maximum lot coverage provisions of structures and that we will be in compliance upon completion **OR** we have been granted a zoning variance and/or appropriate Commission or Council approval:

ZBA GRANT: _____ PC/CR _____

HOMEOWNER AFFIDAVIT: INITIAL _____ YES _____ NO _____

I hereby certify the proposed work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Building Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS MAY NOT HAVE A 60% REFUND IF AN INSPECTION/SITE VISIT HAS BEEN MADE OR SIX MONTHS TIME HAS ELAPSED SINCE PERMIT ISSUANCE. PLAN REVIEW AND ADMINSTRATION FEES ARE NOT REFUNDABLE.

The applicant warrants the truthfulness of the information in the plans and application and that if any of the information provided is incorrect, the building permit may be revoked. The applicant is responsible for scheduling all required inspections. A permit will be cancelled when no inspections are requested or conducted within six (6) months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be refunded or reinstated.

SIGNATURE OF APPLICANT OR OWNER

PRINT NAME OF APPLICANT OR OWNER

Witnessed By:

INSPECTION DEPARTMENT

DATE