

**ZONING PERMIT APPLICATION**  
**CITY OF FERRYSBURG, 408 FIFTH ST, P.O. BOX 38, FERRYSBURG, MI 49409**  
**PHONE: 616-842-5803**

Permit No.:       Z-      

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

Job address: \_\_\_\_\_ Parcel Code Number:       70-03-      

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Architect: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_

*Contractor Information:*  
License Number - Provide Copy of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal Employer ID # or Reason for Exemption: \_\_\_\_\_

Worker's Compensation Insurance or Reason for Exemption: \_\_\_\_\_

MESC Employer No. or Reason for Exemption: \_\_\_\_\_

- Type of work:**     Fence                       Accessory Building (less than 200 square feet)  
 Sign                       Driveway                       Parking Lot                       Sidewalk

Describe work: \_\_\_\_\_

Plans (required) Attached: \_\_\_\_\_ Number of Sheets: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Value of Work: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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*For Office Use Only:*

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: Owner, Zoning Administrator, Assessor, Office