

ZONING PERMIT APPLICATION
CITY OF FERRYSBURG, 17290 ROOSEVELT RD, 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: _____