

APPLICATION FOR ZONING PERMIT AND PLAN EXAMINATION

**CITY OF ORCHARD LAKE VILLAGE
3955 ORCHARD LAKE ROAD
ORCHARD LAKE, MI. 48323
(248) 682-2400 (248) 682-1308 Fax**

CITY OF ORCHARD LAKE VILLAGE WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE,
NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS

APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1, II, & III

I. PROJECT INFORMATION			
A. OWNER		ADDRESS	
CITY			
SUBDIVISION	LOT #	PARCEL I.D.	
TELEPHONE NUMBER			
B. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

II. TYPE OF IMPROVEMENT AND PLAN REVIEW			
A. TYPE OF IMPROVEMENT		RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> SEAWALL	<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> FENCE	<input type="checkbox"/> BANNER SIGN
<input type="checkbox"/> OTHER			
B. COST OF IMPROVEMENT			
\$ _____		PERMIT FEE: _____	

III. APPLICANT INFORMATION			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:			
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFIRM TO ALL APPLICABLE ORDINANCES OF THE CITY OF ORCHARD LAKE VILLAGE. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF APPLICANT

PRINTED NAME

DATE