CITY OF DEARBORN HEIGHTS

Department of Building & Engineering
6045 Fenton Ave., Dearborn Heights, MI 48127
PHONE: 313-791-3470 FAX: 313-791-3471

Zoning Permit Application

(Please Print All Information Clearly) **Effective 01/01/14**

Permit #: _____ Date: _____

Applicant is: **CONTRACTOR _____** **OR** **HOMEOWNER _____**

Project Information:

Property Address: _____

Owner: _____ Phone #: _____

Contractor Information:

Contractor **Business** Name: _____ Phone: _____

Licenseholder / Applicant Name: _____

Request for Building Permit to:

_____ Construct _____ Repair _____ Replace/Existing Only _____ Add to _____ Alter

TYPE OF WORK TO BE PERFORMED: **CONTRACT PRICE / PROJECT COST $ _____**

_____ Roof - Tear off/ Add , House/Garage _____ Siding / Trim / Gutters _____Windows/Doors (#_____)

(The following require: a plot plan, and 3 sets of plans unless the item is being repaired)

_____ Concrete - Circle all that apply: Approach, Driveway, Sidewalk, Service Walk, _____

_____ New House _____ New Building _____ Addition _____ Garage _____ 2nd Story/Dormer

_____ Deck _____ Foundation _____ Patio _____ Porch _____ Shed _____ Swimming Pool

Describe in detail the work to be performed:

_____

_____

_____

_____

Section 23a of the State Construction Act of 1972, Act No. 230 of the 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 are to perform work on a residential building or a residential structure. Violations of Section 23a are subject to civil fines.

Applicant _____

CONTRACTOR TO ATTACH SIGNED COPY OF CONTRACT

BUILDING DEPARTMENT USE ONLY

_____

_____

_____

_____

Base Fee: $ _____

Permit Fee: $ _____

Date: _____ Approved _____ Not Approved _____ Plan Review: $ _____

Inspector: _____ Evaluation: _____

TOTAL **$ _____**

****ALL PERMITS MAILED IN BY CONTRACTORS MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR THE PERMIT TO BE MAILED TO YOU.**