



CITY OF FLAT ROCK
DEPARTMENT OF BUILDING & SAFETY
 25500 Gibraltar Road, Flat Rock, MI 48134
 Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

ZONING PERMIT APPLICATION

Minimum permit fee is \$50.00 (plus non-refundable \$30.00 administrative fee)

Date: _____

PROJECT INFORMATION

Property Location (address): _____

Property Owner: _____ Phone: _____

Email: _____

CONTRACTOR/APPLICANT INFORMATION

Name: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact/Phone: _____ Alternate Phone: _____

Email: _____

TYPE OF WORK TO BE DONE:

Plot plan with all existing and proposed buildings must be submitted with application

Estimated cost of project: \$ _____ City estimated cost: \$ _____

The work covered by this permit to be in conformity with all City Ordinances and Standards. All inspections must be scheduled with the Building and Safety Department. I certify that I will adhere to the provisions of the applicable codes and Ordinances of the City of Flat Rock governing this type of installation which is contemplated at the above referenced location and hereby agree to make installation in conformance with the code. I further certify that the above information as stated herein is correct and true.

Section 23a of the State Construction Code 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 structure. Violators of Section 23a are subject to civil fines.

Signature of Contractor/Applicant: _____ Date: _____

Signature of Homeowner: _____ Date: _____

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