



# FREMONT

Michigan

Phone # (231)924-2101 or Fax # (231) 924-2888

## City of Fremont Zoning Permit

Permit Fee \$ \_\_\_\_\_

Permit # \_\_\_\_\_

### LOCATION OF BUILDING

Job Location: \_\_\_\_\_ *Number* \_\_\_\_\_ *Street* \_\_\_\_\_ *N S E W* \_\_\_\_\_ *Direction* \_\_\_\_\_ **City of Fremont**

Between: \_\_\_\_\_ *Cross Street* and \_\_\_\_\_ *Cross Street* Section: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ *If known* Parcel # 62- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *Must be provided to receive a permit.*

Is the above property **lakefront?** Yes No **Within 500 feet** of a river, lake or drain? Yes No  
(Circle One) (Circle One)

### APPLICANT

Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

P O Box / Suite # / Bldg. Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project: \_\_\_\_\_

### TYPE OF IMPROVEMENT (List all that apply)

- 1.  New Building
- 2.  Addition
- 3.  Alteration
- 4.  Repair, Replacement
- 5.  Demolition
- 6.  Moving Structure, w/Foundation
- 7.  Change of Use from \_\_\_\_\_ to \_\_\_\_\_
- 8.  Other \_\_\_\_\_

### PROPOSED USE – Residential-One and Two Family (check all that apply and include size/area of each use).

- 1.  One family \_\_\_\_\_ x \_\_\_\_\_
- 2.  Two family \_\_\_\_\_ x \_\_\_\_\_ & \_\_\_\_\_ x \_\_\_\_\_
- 3.  2<sup>nd</sup> Floor/Loft \_\_\_\_\_ sf.
- 4.  Basement \_\_\_\_\_ x \_\_\_\_\_
- 5.  Basement Finished \_\_\_\_\_ x \_\_\_\_\_
- 6.  Deck \_\_\_\_\_ x \_\_\_\_\_
- 7.  Porch \_\_\_\_\_ x \_\_\_\_\_
- 8.  Garage \_\_\_\_\_ x \_\_\_\_\_ Attached  Yes  No
- 9.  Carport \_\_\_\_\_ x \_\_\_\_\_
- 10.  Roof System \_\_\_\_\_ x \_\_\_\_\_
- 11.  Other *Specify* \_\_\_\_\_
- 12.  Modular
- 13.  Single Wide Mobile Home
- 14.  Double Wide Mobile Home Size \_\_\_\_\_ x \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number \_\_\_\_\_

### SELECTED BUILDING CHARACTERISTICS

Total Sq. Ft 1<sup>st</sup> Floor: \_\_\_\_\_ Total Sq. Ft 2<sup>nd</sup> Floor: \_\_\_\_\_ Total Sq. Ft. Basement: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Baths: \_\_\_\_\_  
No. of Stories: \_\_\_\_\_ No. of Bldg: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Building Materials \_\_\_\_\_

### COST OF IMPROVEMENTS

### COMMENTS

Building	\$ _____ .00	_____
Electrical	\$ _____ .00	_____
Plumbing	\$ _____ .00	_____
Mechanical	\$ _____ .00	_____
Total	\$ _____ .00	_____

