



ZONING COMPLIANCE PERMIT APPLICATION

CITY OF LIVONIA – BUILDING INSPECTION

33000 CIVIC CENTER DRIVE

LIVONIA, MI 48154

(734) 466-2580

Email plans: Inspectionplans@ci.livonia.mi.us



PLANNING RESOLUTION

BUILDING PERMIT # _____

SEWER REC# _____

COUNCIL RESOLUTION

WATER REC# _____

FILL IN ALL ITEMS LISTED BELOW

APPLICANT EMAIL: _____

APPLICANT OR CONTRACTOR PHONE

Address City State Zip

PROPERTY OWNER PHONE

Address City State Zip

OCCUPANT (NAME OF BUSINESS) PHONE

LOCATION (# and Street):

Between (nearest cross streets) St. and St.

Lot Number Lot Size: ft. WIDE by ft. DEEP

ZONING COMPLIANCE FOR CHANGE OF USE AND/OR OCCUPANCY:

Portion of Building Involved (sq. ft.)

Describe Building Usage (in detail, include products handled, stored or sold):

GENERAL INFORMATION REQUIRED – ANSWER ALL THAT APPLY

Seating Capacity – Restaurants, Bars, Theaters, Churches, etc.:

Number of Chairs – Beauty Parlors, Barber Shops:

Parking Spaces Required: Provided:

Number of employees: Male Female

Number of Rest Rooms in the Portion of Building Involved:

Will flammable liquids be used or stored on premises (See Chemical Survey form)? Describe: Qty. Gal.

Will motor vehicles be driven or stored in building? If Yes, how many?

Does this Building have a Fire Suppression System?

Cost: _____

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 AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES OF THE CITY OF LIVONIA.

AS THE APPLICANT OR CONTRACTOR, YOU WILL BE RESPONSIBLE FOR OBTAINING ALL BUILDING INSPECTIONS!

SIGNATURE OF APPLICANT OR OWNER

PRINT NAME: _____

DRIVER'S LICENSE #: _____

WITNESSED BY: _____
(INSPECTION DEPARTMENT)

DATE: _____

NOT TO BE FILLED IN BY APPLICANT

ZONING EXAMINATION:

Permit is to be issued for: _____

Bldg: _____ Employees: _____ Last Use: _____

Zoning Grant: _____ P.C.# _____ C.R.# _____

Zoning District: _____ Section: _____ Use Group: _____

REMARKS: _____

Approved by: _____, Examiner Date: _____

ENGINEERING EXAMINATION:

Type: _____ Use Group: _____ sq. ft. _____ cu. ft. _____

Approved by: _____, Examiner Date: _____

Estimated Cost _____ Permit Fee _____

Construction Bond _____ Zoning Fee _____

Admin Fee _____

Other _____

Total Fee _____