



ZONING COMPLIANCE PERMIT APPLICATION

CITY OF NILES - BUILDING SAFETY DIVISION

1345 E. Main Street
Niles, MI 49120
269.683.2374 phone ~ 269.683.5895 fax
buildingsafety@nilesmi.org
www.nilesmi.org

\$25.00 Fee

ZC _____

Receipt # _____

Date: _____ Project Location: _____

Zoning: _____ Residential: _____ Commercial: _____ Industrial: _____

Owner: _____ Phone: _____

Address: _____

Project Description: _____

New: _____ Repair: _____ Alteration: _____ Addition: _____

Contractor: _____ Estimated Cost: \$ _____

Lot dimensions: (w) _____ x (d) _____ Area of lot: _____ sq. ft. X _____ % = _____ sq. ft.

Principle Structure : _____ sq. ft. _____ % Existing Accessory Structures: _____ sq. ft. _____ %

Available Coverage: _____ sq. ft Height: _____ Length: _____ Width: _____ Total sq. ft: _____

Site plan, including setbacks may be drawn below or provided as a separate attachment

I hereby certify that the above information is correct to the best of my knowledge and agree to construct said work in accordance with the provisions of the statutes of the State, the Building code, and the City of Niles Zoning Ordinance.

PROPERTY OWNER AFFIDAVIT: I hereby certify that I know where my property boundary lines are located and have verified their existence. I additionally certify that these improvements to my property described above have been located accurately on the plot plan and that the distances shown to the property lines are correct.

X _____
Signature of owner or owner's agent*

X _____
Zoning Administrator or Authorized Agent

***Agent assures liability for verification of property boundaries if signed by agent**