

ORDINANCE COMPLIANCE

VIENNA TOWNSHIP BUILDING DEPARTMENT: _____
Municipality

3400 W Vienna Rd.
Clio, MI 48420
(810) 686-7676 Fax (810) 686-8856
Make checks payable to: Vienna Township

AUTHORITY COMPLETION: PENALTY.,	P.A. 230 OF 1972, AS AMENDED MANDATORY TO OBTAIN PERMIT PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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**APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1, 11, III,
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

SUBMITTED BY: _____
SIGNATURE DATE

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		PARCEL ID #
CITY	TOWNSHIP	COUNTY	ZIP	
	VIENNA	GENESEEE		
PROPOSED USE OF BUILDING				

II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER	
	MICHIGAN			
B. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER		FEDERAL EMPLOYER ID NO. OR REASON FOR EXEMPTION		
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		

III SUBMISSIONS

A TYPE OF PROJECT

1. <input type="checkbox"/> New Building	4. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Relocation	10. <input type="checkbox"/> Special Inspection
2. <input type="checkbox"/> Addition	5. <input type="checkbox"/> Special land use	8. <input type="checkbox"/> Home Occupation	
3. <input type="checkbox"/> Alteration	6. <input type="checkbox"/> Manufactured	9. <input type="checkbox"/> Conditional Use	

PROJECTS THAT DO NOT REQUIRE Ordinance Compliance form: Mobile home setup, Re-roof, Siding or EXACT REPLACEMENT (size and structure)

B. PLANS:

1 - If this submission is for a residential action, other than for conditional use in a residential district, submit two (2) copies of a sketch plan drawn to a readable scale showing the dimensions of the lot, the setback line, the location and exterior dimensions of all existing and proposed structures and the distances from each other and all lot lines; the location, dimensions and surface type of existing or proposed drive way (s) and the distance from the closest side lot line; north arrow; and scale.
 2. If this submission is for a zoning action follow the Local Zoning Ordinance procedures.
 3. If this submission is for a non-residential use a full Site Plan is required.

IV. OFFICIAL USE ONLY

PERMIT REQUIRED

TYPE	REQUIREMENT	APPROVAL DATE	APPROVED BY
BUILDING	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ELECTRICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLUMBING	<input type="checkbox"/> YES <input type="checkbox"/> NO		
MECHANICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DEQ	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WATER SUPPLY- COUNTY/LOCAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SEWER SYSTEM - COUNTY/LOCAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
VARIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
STORM WATER - COUNTY /LOCAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAND DIVISION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SITE PLAN REVIEW	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SPECIAL LAND USE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CONDITIONAL USE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
STATE ROAD CONNECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY ROAD CONNECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COUNTY ROAD CONNECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
REZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		

C. PLAN REVIEW (S) REQUIRED

BUILDING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MECHANICAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ELECTRICAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PLUMBING	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPROVED FOR:

Date

Title

Approval Signature