

ZONING PERMIT

FOR MINOR PROJECTS

TOWNSHIP OF DEXTER
6880 DEXTER-PINCKNEY RD., DEXTER, MI 48130
Phone: (734) 426-3767 FAX: (734) 426-3833
www.twp-dexter.org

PERMIT NO. _____
FINAL INSPECTION \$ _____
TOTAL COLLECTED \$ _____
DATE COLLECTED _____

This permit expires 365 days from approved date below.

Property Address: _____

Property ID: #04- _____

1. Property Owner: _____
Address: _____

Contractor: _____
Address: _____

Phone: _____
Cell: _____
Fax: _____
Phone: _____
Cell: _____
Fax: _____

2. PROPOSED CONSTRUCTION: Roof Windows Siding Interior Remodel (no profile change)
 Home Occupation Other _____

Description of Work: _____

Conditions: _____

3. This permit issued on information furnished by the applicant and is granted on condition the construction will in all respects conform to DEXTER TOWNSHIP Ordinances and Regulations governing the same, and may be revoked at any time upon violation of any of the provisions thereof.
4. No construction shall commence until a building permit has been obtained from the Chelsea Area Construction Agency (CACA), if required. It is unlawful to use or occupy or permit the use or occupancy of any building or premises, or both or part thereof thereafter created, erected, changed, converted, or wholly, or partly altered, until "FINAL CERTIFICATE OF ZONING COMPLIANCE" is stamped on this permit by the Zoning Administration Office.
5. It is the responsibility of the applicant to schedule with this office the inspections the Township requires. See inspection schedule furnished.
6. The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date: _____ Signed: _____

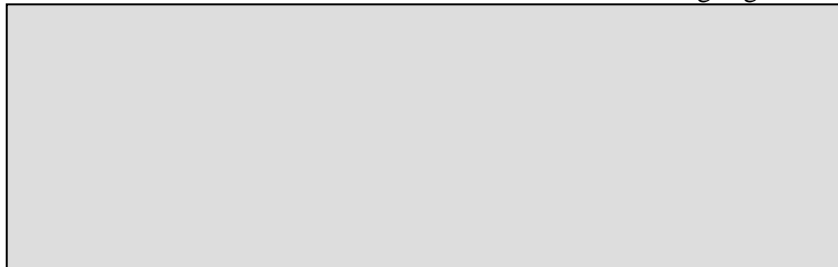
Applicant

Applicant

Approved

Date: _____ Signed: _____

Authorized Zoning Signature



Final Inspection Notes: _____

