



"Heart of the Lakes"

APPLICATION ZONING PERMIT

CITY OF KEEGO HARBOR

2025 BEECHMONT KEEGO
HARBOR MI 48320
(248)682-1930
www.keegoharbor.org

Validation Area

(OFFICE USE ONLY) PERMIT NUMBER: **PZ-**

TYPE OF WORK: ☐ SHED ☐ DECK ☐ FENCE

NEW BUSINESS or NEW HOME OTHER _____

☐ DATE: _____

JOB ADDRESS: _____

OWNER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

CONTRACTOR: _____

EMAIL: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MOBILE: _____

Detailed Description
of Project

Building Application Applied For; YES NO N/A Sidwell Number _____

Project Start Date _____ Project Estimated Completion Date _____

Date Site Plan Submitted _____ Date Survey
Submitted _____

I hereby certify that the foregoing is correct to the best of my knowledge and that the said work will be done in conformance with the information herein set forth, in conformance with any plans and specifications submitted and in compliance with the City of Keego Harbor Codes regulating site plans and as-built plans. **I understand the permit fee is non-refundable.**

Permit expires 1 year from date of issue, Permit Renewal fee is \$50.00.

Zoning Ordinance and/or applicable Michigan Building Codes for the structure.

I affirm that the information provided on this application is true and accurate and that the project shall be completed in accordance with the provisions of the City of Keego Harbor Zoning Ordinance. It is the property owner's / agent's responsibility to determine the exact locations of all property lines.

I _____, the property owner, give permission for the City of Keego Harbor officials, staff and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

PRINT NAME: _____

Owner or Contractor

SIGNATURE: _____

Owner or Contractor

DATE: _____

(FOR OFFICE USE ONLY)

Permit Fee: _____

Pre-Inspection for fence grade
Completed date: _____

APPROVED/DENIED

BY: _____

PRINT

NAME:

DATE: _____