



Permit Application

PROJECT INFORMATION APPLICATION NUMBER

Address _____ Parcel Number _____
Fee: See schedule of fees Date Paid _____

OWNERS INFORMATION

Name _____ Address/ PO Box _____
City _____ State _____ Zip _____ Phone _____

CONTRACTOR

Name _____ Address/ PO Box _____
City _____ State _____ Zip _____
Phone _____ Fax _____
License Number _____ Expiration Date _____

PROPERTY INFORMATION

Current Use _____ Zoning District _____ Area of Lot _____
Dunes Historic District Waterfront Vacant
Width of Lot _____ Depth of Lot _____

PROPOSED WORK

New Building Construction _____ Existing Building Addition _____ Sign _____
Change of Use _____ Demolition _____ Fence _____
Interior Changes _____ Exterior Changes _____ Other _____
Description of proposed work: _____

Height _____ Area (Sqft.) _____
Setbacks Front _____ Rear _____ Side _____
Type of Construction _____
Value of Construction _____

I hereby certify that the purposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws and regulations of the City of Saugatuck. I additionally grant City of Saugatuck staff or authorized representatives there of access to the property to inspect conditions, before, during, and after the proposed work is completed.

Print Name _____
Signature _____ Date _____