



"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 OTHER _____

DATE: _____ JOB ADDRESS: _____

OWNER NAME: _____ ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ MOBILE: _____

CONTRACTOR: _____ ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ MOBILE: _____

County Erosion Permit? _____ City Stormwater Permit? _____

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

Project Start Date _____ Project Estimated Completion Date _____

Site Plan Submitted? _____ Date _____

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 also understand that this permit will expire 30 days after final inspection of all required permits under the City of Keego Harbor 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.

PRINT NAME: _____ DATE: _____
Owner or Contractor

SIGNATURE: _____
Owner or Contractor

(FOR OFFICE USE ONLY)

Permit Fee: _____

Pre-Inspection for fence grade
Completed date: _____

APPROVED/DENIED	
BY: _____	
PRINT _____	NAME: _____
DATE: _____	