

CORNERSTONE INSPECTION SVCS, LLC
 107 S. CAPITAL AVE., P.O. BOX 190, ATHENS, MI 49011
 OFFICE: 269-729-9244 FAX: 269-729-9254
 INSPECTION SCHEDULING: 877-721-9266
 EMAIL: gkgsindseyl@aol.com
 WEBSITE: www.cornerstonemi.net

Permit # _____
 Fee \$59.00 + 10% = **\$64.90**
 Method of Payment _____
 Receipt # _____

**ALL PERMITS: ADD 10% CITY OF THREE RIVERS PROCESSING FEE
 MAKE CHECK PAYABLE TO THE CITY OF THREE RIVERS**

CITY OF THREE RIVERS ZONING PERMIT APPLICATION

A drawing (site plan shown from a "bird's eye" view) indicating property lines, location of all buildings presently on the property and location of the proposed new structure, must be submitted with this application. The site plan should also include measurements from your new project to: property lines and distances between all buildings. An inspection will not be scheduled until a site plan has been submitted, proof of ownership of property has been provided, the project has been marked in some way (in ground with stakes or on ground with painted markings). Please call our office to request your inspection, once all criteria has been met.

I. Job Location

JOB Address		Name of Owner	
Name of City, Village or Township in which job is located: X City <input type="checkbox"/> Village <input type="checkbox"/> Township OF: THREE RIVERS		County ST. JOSEPH	
Owner Telephone			

II. Contractor/Homeowner Information

<input type="checkbox"/> Contractor <input type="checkbox"/> Owner			
Address		City, State	Zip
Telephone	Work/Cell Phone	Fax	Email

III. Type of Job (Mark as many as are applicable)

<input type="checkbox"/> New	<input type="checkbox"/> Alteration/Remodel	<input type="checkbox"/> Mobile Home or Prefab (circle one)	<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Single Family Home w/ Garage	<input type="checkbox"/> Pole Barn/Detached Garage	<input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial Building

IV. Project Dimensions

____ Project Width	____ Project Length	____ Project Height (from grade to peak)	____ # of Floors	____ Total Square Feet
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V. Zoning Questions – Please Circle Yes or No

Does this property have frontage on two roads?	YES	NO
Does this property have lake frontage?	YES	NO
Is there a dwelling presently on this property?	YES	NO
Is there an accessory building presently on this property?	YES	NO
Is the construction located within 500 ft of a lake, stream, or natural body of water?	YES	NO
Will the construction require the moving of one surface acre or more of land?	YES	NO
If construction is for accessory building, will it contain animals?	YES	NO

VI. Responsibilities of Applicant: It is your responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations. I have read, acknowledged, and will comply with all of the above and with the land use regulations, as determined by the zoning administrator, or will go to the proper board for a variance/special consideration and will provide in writing such approvals, if granted, to my zoning administrator.

Applicant Signature	Date
Zoning Official's Signature	Date

**RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH THE CITY OF THREE RIVERS RETURNED CHECK POLICY
 AN ADMINISTRATIVE FEE OF \$59.00 (+CITY'S 10% PROCESSING FEE) WILL BE RETAINED FOR CANCELLED/TERMINATED PERMITS**