

ZONING PERMIT APPLICATION

-- SWIMMING POOL --

ARGENTINE TOWNSHIP
9048 SILVER LAKE ROAD LINDEN, MI 48451
FIRE DEPT. OFFICE (810) 735-4911 FAX NO. (810) 735-1454

| | |
|-------------------------------|----------------|
| Estimated Value of Project \$ | Parcel ID: 01- |
|-------------------------------|----------------|

LOCATION OF PROJECT

| | | |
|----------|--------|------|
| Address: | | |
| City: | State: | Zip: |

OWNER INFORMATION

| | | |
|----------|------------|------|
| Name: | | |
| Address: | Phone: () | |
| City: | State: | Zip: |

ARCHITECT OR ENGINEER (if applicable)

| | | |
|--------------|------------------|------|
| Name: | | |
| Address: | Phone: () | |
| City: | State: | Zip: |
| License No.: | Expiration Date: | |

POOL CONTRACTOR INFORMATION

| | | |
|--|------------------|------|
| Name: | | |
| Address: | Phone: () | |
| City: | State: | Zip: |
| License No.: | Expiration Date: | |
| Federal Employer ID or Reason for Exemption: | | |
| Workers Comp. Insurance Carrier or Reason for Exemption: | | |
| MESC Employer Number or Reason for Exemption: | | |

TYPE OF POOL

| | | | |
|------------------------------------|---------------------------------------|-------------------------------------|---------------------------------|
| Private Residential: | | | |
| <input type="checkbox"/> In-Ground | <input type="checkbox"/> Above-Ground | <input type="checkbox"/> Other | <input type="checkbox"/> Repair |
| Commercial: | | | |
| <input type="checkbox"/> In-Ground | <input type="checkbox"/> Above-Ground | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair |

PRINCIPAL TYPE OF FRAME

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structured Steel | <input type="checkbox"/> One piece-Resin/Fiberglass | <input type="checkbox"/> Metal Frame-Above Ground |
| <input type="checkbox"/> Other _____ | | | |

POOL DIMENSIONS – In-Ground

Length: _____ feet Width: _____ feet Depth: _____ feet

POOL DIMENSIONS – Above-Ground

Length: _____ feet Width: _____ feet Depth: _____ feet

POOL SECURITY TYPE

In-Ground: _____ Above-Ground: _____

APPLICANT INFORMATION (if not Owner)

Name: _____

Address: _____

Phone: () _____

City: _____

State _____

Zip: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who are to perform work on residential buildings or a residential structure.
Violators of Section 23a are subject to civil fines.

Signature of Applicant or Owner: _____ Date: _____

-----ARGENTINE TOWNSHIP OFFICE USE ONLY – DO NOT NOT WRITE BELOW THIS LINE-----

Approved Signature: _____

Not Approved Title: _____

Date: _____

Comments:-

Site Plan

Indicate direction of North within the circle

