



CITY OF DEARBORN

PERMIT & PLAN REVIEW OFFICE
16901 Michigan, Suite 6, Dearborn, MI 48126
(313) 943-2442

FOR OFFICE USE ONLY
PERMIT NO. _____
DATE _____

PARKING LOT PERMIT APPLICATION

PERMIT SITE ADDRESS: _____

ZIP CODE _____

1. INSTRUCTIONS:

- Complete, accurate and legible information must be provided in every box: Write "N.A." if question does not apply
 - Submit (3) copies of complete construction documents which adequately describe the proposed work, including:
 - a) An accurate site plan drawn to scale, showing entire property and location and dimensions of all proposed paving. For new construction submit copies of the *approved* site plan which include floor plan and parking calculations
 - b) Striping plan drawn to scale
 - c) Topographic survey prepared by licensed architect, engineer or land surveyor. *Topographic survey is not required for spot repairs, seal coat or striping only**.
 - d) One copy of the signed contract
 - It is the applicant's responsibility to ensure that all required information is provided and that the work proposed herein complies with all building code, city ordinance and Engineering Division standards. Failure to do so will result in undue delay.
- * Refer to attached information sheet for Topographic Survey requirements and an overview of ordinance requirements

4. PROPOSED USE OF BUILDING

5. ZONING DISTRICT

6. TYPE OF WORK OR REPAIR (CHECK ALL THAT APPLY):

- New Parking Surface, Asphalt.....square feet: _____
- New Parking Surface, Concrete.....square feet: _____
- Re-surface all or part of Asphalt surface.....square feet: _____
- Re-surface all or part of Concrete surface.....square feet: _____
- Spot repairs to existing surface, the largest of which does not exceed 20'x20'total square feet of all patched areas: _____
- New or repair drainage structures: Describe in box 10. below
- New or repair concrete flatwork (inside lot line only)....Total square feet of concrete flatwork areas: _____
- New or repair concrete curbs (inside lot line only)....Total lineal feet of curb _____ Width of curb: 12" 18" 24"
- Seal coat/crack repairsquare feet: _____
- Stripe/re-stripe.....Cost : _____
- Other (specify): _____

7. ASPHALT CONTRACTOR (if other than applicant):

Name _____

Telephone _____

Dearborn Registration # _____

8. CONCRETE CONTRACTOR (If other than applicant, REQUIRED for any concrete accessory to an asphalt parking lot):

Name _____

Telephone _____

Dearborn Registration # _____

9. ZONING BOARD OF APPEALS: If a variance has been granted pertaining to the work proposed, provide appeal number: _____ and *attach copy of Zoning Board approved plans.*

11. ARCHITECT, ENGINEER or SURVEYOR who sealed the Topographic Survey:

Name _____

Address _____

Telephone _____

Michigan license number _____

Expiration date _____

10. USE THIS SPACE FOR ANY ADDITIONAL SCOPE OF WORK DESCRIPTION:

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PROPERTY OWNER INFORMATION/AFFIDAVIT	
12. I do hereby certify that I am the owner and/or authorized agent of the property herein described as (PRINT SITE ADDRESS) _____ and that I have given the applicant herein named permission to perform the work described in this application.	
13. PROPERTY OWNER NAME (PRINT)	14. If Business Name, print authorized agent's name
15. PROPERTY OWNER'S ADDRESS	16. CITY/STATE/ZIP
17. PHONE NUMBER	18. EMAIL ADDRESS (optional)
19. SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT	20. DATE

NOTARIZED CONTRACTOR-APPLICANT INFORMATION/AFFIDAVIT		
21. COMPANY NAME	22. DEARBORN CONTRACTOR REGISTRATION NUMBER	
23. COMPANY ADDRESS	24. COMPANY PHONE NUMBER	
25. CITY/ STATE/ ZIP	26. COMPANY EMAIL ADDRESS or FAX NO.	
How would you prefer to be contacted regarding plan deficiencies? <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax		
27. NAME OF COMPANY-AUTHORIZED REPRESENTATIVE (PRINT)	28. DATE OF BIRTH	29. DRIVER'S LICENSE OR STATE ID NUMBER AND EXPIRATION DATE
I affirm that the information provided in this application and the accompanying drawings which are a part of this application, is accurate. Application is hereby made for a permit to perform the work described in this application and the accompanying drawings which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances adopted and enacted by the City of Dearborn. All contractor registration information on file with the City Clerk's Office must be current.		
30. SIGNATURE OF COMPANY-AUTHORIZED REPRESENTATIVE		31. DATE
32. NOTARIZATION: Subscribed and sworn to before me this _____ day of _____, _____ _____ (signature) Notary Public, _____ County, Michigan. _____ My commission expires _____ (Notary printed name)		

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PLAN INTAKE CHECKLIST:			
1. Topographic survey (if indicated) is stamped & signed by a Michigan Registered Design Professional <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.			
2. Contract is attached and matches scope of work indicated: <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Application is legible and complete with owner's signature & a reachable phone number <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. (3) copies of site plan and other plans are legible, complete with dimensions <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED _____ <small>Plan reviewer</small> _____ <small>Date</small>	Additional Comments:	ADMINISTRATIVE PROCESSING FEE	\$ 40.00
		PLAN REVIEW FEE	\$ 50.00
		ENGINEERING PLAN EXAMINATION FEE	\$
		PERMIT FEE	\$
		PENALTY FEE	
		PAY THIS AMOUNT	\$