

# VILLAGE OF GALIEN

County of Berrien

121 S. Cleveland Ave, P.O. Box 296

Galien, Michigan 49113

Telephone (269) 545-3647 • Facsimile (269) 545-0023

Zoning Administrator: Robert Krauss

## ZONING APPLICATION

|  |  |
|--|--|
| AUTHORITY: PA 230 of 1972, AS AMENDED  | THE VILLAGE OF GALIEN WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS. |
| COMPLETION: MANDATORY TO OBTAIN PERMIT |  |
| PENALTY: PERMIT WILL NOT BE ISSUED     |  |
| DATE OF APPLICATION:                   |  |

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, AND III**  
**NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**  
 (Please use reverse side of sheet for additional information & signature)

| I. PROJECT INFORMATION  |  |  |   |  |
|---|--|--|---|--|
| PROJECT NAME  |  | ADDRESS  |   |  |
| CITY  | VILLAGE                                | TOWNSHIP                                       | COUNTY                                      | ZIP CODE   |
| BETWEEN (Road names)  |  | AND  |   |  |
| PROPERTY TAX I.D. NUMBER: _____   |  |  |   |  |
| II. IDENTIFICATION  |  |  |   |  |
| A. OWNER OR LESSEE  |  |  |   |  |
| NAME (list all deeded property owners)  |  | ADDRESS  |   |  |
| CITY  | STATE                                  | ZIP CODE                                       | TELEPHONE NO.                               |  |
| B. ARCHITECT OR ENGINEER  |  |  |   |  |
| NAME  |  | ADDRESS  |   |  |
| CITY  | STATE                                  | ZIP CODE                                       | TELEPHONE NO.                               |  |
| LICENSE NO.   |  |  | EXPIRATION DATE                             |  |
| C. CONTRACTOR   |  |  |   |  |
| NAME  |  | ADDRESS  |   |  |
| CITY  | STATE                                  | ZIP CODE                                       | TELEPHONE NO.                               |  |
| BUILDER'S LICENSE NO.   |  |  | EXPIRATION DATE                             |  |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION  |  |  |   |  |
| WORKERS' COMP. INSURANCE CARRIER/ADDRESS OR REASON FOR EXEMPTION                                |  |  |   |  |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION  |  |  |   |  |
| III. TYPE OF IMPROVEMENT AND PLAN REVIEW  |  |  |   |  |
| A. TYPE OF IMPROVEMENT:   |  |  |   | ESTIMATED COST:  |
| 1. <input type="checkbox"/> New Building  | 3. <input type="checkbox"/> Alteration | 5. <input type="checkbox"/> Demolition         | 7. <input type="checkbox"/> Foundation Only | 9. <input type="checkbox"/> Relocation                     |
| 2. <input type="checkbox"/> Addition  | 4. <input type="checkbox"/> Repair     | 6. <input type="checkbox"/> Mobile Home Set-Up | 8. <input type="checkbox"/> Pre-manufacture | 10. <input checked="" type="checkbox"/> Special Inspection |
| 11. <input type="checkbox"/> Other (Specify type, e.g., farm agricultural building/barn, etc.): |  |  |   |  |
| B. REVIEW(S) TO BE PERFORMED  |  |  |   |  |
| <input type="checkbox"/> Building   | <input type="checkbox"/> Electrical    | <input type="checkbox"/> Mechanical            | <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Foundation                        |