

CITY OF ST. CLAIR  
547 N. CARNEY  
ST. CLAIR, MICHIGAN

**APPLICATION FOR ZONING PERMIT**

APPLICANT INFORMATION

Name _____	
Address _____	
Phone Number _____	
<input type="checkbox"/> Shed	\$75.00
<input type="checkbox"/> Tree Removal	\$5.00
<input type="checkbox"/> Fence	\$100.00
<input type="checkbox"/> Sign (Temporary)	\$00.00

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information is true to the best of my knowledge

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date