

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

APPLICATION FOR ZONING PERMIT

APPLICANT INFORMATION

Name _____
Address _____
Phone Number _____
<input type="checkbox"/> Shed
<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Fence

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date