



City of St. Clair  
547 N. Carney Drive  
St. Clair MI 48079  
(810) 329-7121

## **APPLICATION FOR ZONING PERMIT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

- SHED
- TREE REMOVAL
- FENCE
- SIGN

REASON \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date