



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile
 (248) 656-4619 24-Hour Inspection Line

PARKING LOT MAINTENANCE
PERMIT APPLICATION

Project Number: _____

Permit Number: _____

I. Job Location			
Street Address			
Sidwell Number			
II. Applicant Information			
<input type="checkbox"/> Contractor	Name		
<input type="checkbox"/> Owner			
Address (Street Number and Name)			
City	State	Zip Code	
Telephone Number ()	Cell Number ()	Fax Number ()	Email Address
III. Engineer Information			
Name			
Address (Street Number and Name)			
City	State	Zip Code	
Telephone Number ()	Cell Number ()	Fax Number ()	Email Address
License Number	Expiration Date		
IV. Type of Proposed Site Improvements			
<input type="checkbox"/> Asphalt Resurfacing	<input type="checkbox"/> Replace Signage	Number of Barrier Free Parking Spaces: _____	
<input type="checkbox"/> Replace Concrete	<input type="checkbox"/> Lighting	Total Number of Parking Spaces: _____	
<input type="checkbox"/> Re-striping	<input type="checkbox"/> Other _____		
V. Applicant Signature			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.			
Signature of Applicant			Date
Print Name			

FOR OFFICE USE ONLY

Engineering Plan Review

Not Required: _____ Date: _____

Approved by: _____ Date: _____

Stipulations: _____

Building Plan Review

Not Required: _____ Date: _____

Approved by: _____ Date: _____

Stipulations: _____

Ordinance Plan Review

Not Required: _____ Date: _____

Approved by: _____ Date: _____

Stipulations: _____

