



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



I. Job Location	
Street Address	
Sidwell Number	

Project Number: _____

Permit 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
<input type="checkbox"/> Replace Concrete	<input type="checkbox"/> Lighting
<input type="checkbox"/> Re-stripping	<input type="checkbox"/> Other _____
Number of Barrier Free Parking Spaces: _____	
Total Number of Parking Spaces: _____	

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: _____

