



**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**



<b>I. Job Location</b>	
Street Address	
Sidwell Number	

**Project Number:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

<b>II. Applicant Information</b>					
<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	
<b>III. Engineer Information</b>					
Name					
Address (Street Number and Name)					
City		State		Zip Code	
Telephone Number (    )	Cell Number (    )	Fax Number (    )		Email Address	
License Number			Expiration Date		
<b>IV. Type of Proposed Site Improvements</b>					
<input type="checkbox"/> Asphalt Resurfacing <input type="checkbox"/> Replace Signage <input type="checkbox"/> Replace Concrete <input type="checkbox"/> Lighting <input type="checkbox"/> Re-striping <input type="checkbox"/> Other _____		Number of Barrier Free Parking Spaces: _____ Total Number of Parking Spaces: _____			
<b>V. Applicant Signature</b>					
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_