



**CITY OF ROCKWOOD  
BUILDING DEPARTMENT  
32409 Fort Rd  
Rockwood, Michigan 48173  
(734) 379-9496**

**SHED PERMIT APPLICATION**  
**CURRENT PLOT PLAN MUST ACCOMPANY THIS APPLICATION**

TYPE OF CONSTRUCTION \_\_\_\_\_ DATE \_\_\_\_\_

HOMEOWNER'S NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS OF JOB \_\_\_\_\_ LOCATION: ( ) CORNER LOT ( ) INTERIOR LOT

SIZE OF STRUCTURE \_\_\_\_\_ FOOTING (IF APPLICABLE) \_\_\_\_\_

ESTIMATED COST \$. \_\_\_\_\_

HOMEOWNER'S AFFIDAVIT	CONTRACTOR'S INFORMATION
<p>THIS SIDE IS ONLY TO BE COMPLETED IF HOMEOWNER IS DOING WORK.</p> <p><u>HOMEOWNER'S AFFIDAVIT:</u></p> <p>The structure on the enclosed application is to be installed on my property. I herewith certify that I will comply under the Homeowner's Constitutional privilege and install the structure by myself in accordance with City Codes. I will cooperate with the city inspector and assume the responsibility to arrange for all the necessary inspections.</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE# _____</p> <p>SIGNATURE _____</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____</p> <p>PHONE# _____</p> <p>BUILDER'S LICENSE _____</p> <p>REMARKS</p> <p>_____ _____ _____</p> <p>SIGNATURE _____</p>

APPROVED BY \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_  
City of Rockwood, Building Inspector

Please fill in all demensions of the project you are planning, and include any and all accessory building currently on lot.

Sketch the project on plot plan. **Be sure to include all dimensions.**

- MUST COMPLY WITH ZONING ORDINANCE REGARDING ACCESSORY BUILDING