

ZONING/LAND USE APPLICATION

Gladwin County Zoning Department
 555 W. Cedar Avenue, Suite C
 Gladwin, MI 48624
 Phone (989) 426-4787 Fax (989) 426-6919

File Number _____
 Approved _____ Denied _____
 Variance needed? Yes No
 ZBA: approved denied Date _____

THIS SECTION TO BE COMPLETED BY APPLICANT

Property Owner: _____
 Mailing Address: _____
 City State Zip: _____
 Site Address: _____
 Cross Street: _____
 Number of acres: _____
 Subdivision : _____

Date of Birth _____ Date: _____
 Phone Day: _____
 Phone Evening: _____
 Tax Code Number: _____
 Township & Section: _____
 Property Zoned as: _____
 Lot Number: _____

- | | | | |
|---|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Non-waterfront | <input type="checkbox"/> Waterfront | <input type="checkbox"/> Residential | <input type="checkbox"/> Business _____ |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> New Use | <input type="checkbox"/> Special Use Permit _____ |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Sign | <input type="checkbox"/> Tower | <input type="checkbox"/> Other _____ |

List every structure/request that you are applying for. List attached garages as a separate structure.

STRUCTURE or REQUEST	DIMENSION	USE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contractor: _____

 Telephone # _____

- Return permit to property owner
 Return permit to contractor

I hereby make application for a county zoning/land use permit for the structures or request listed on this application, in accordance with the zoning ordinance for Gladwin County, as adopted pursuant to the provisions of Public Act 110 of 2006. By signing this application, I acknowledge that I am responsible for the accuracy of the information submitted with the application. I do certify that the information contained in this application/site plan, including setbacks and property boundaries is true and correct to the best of my information, knowledge and belief. I understand that incorrect information on this application may result in the revocation of the zoning permit and that I may be subject to penalties pursuant to Articles of the Gladwin County Zoning Ordinance. I hereby grant permission for county authorities to enter upon the above described property for the purpose of gathering information related to this application.

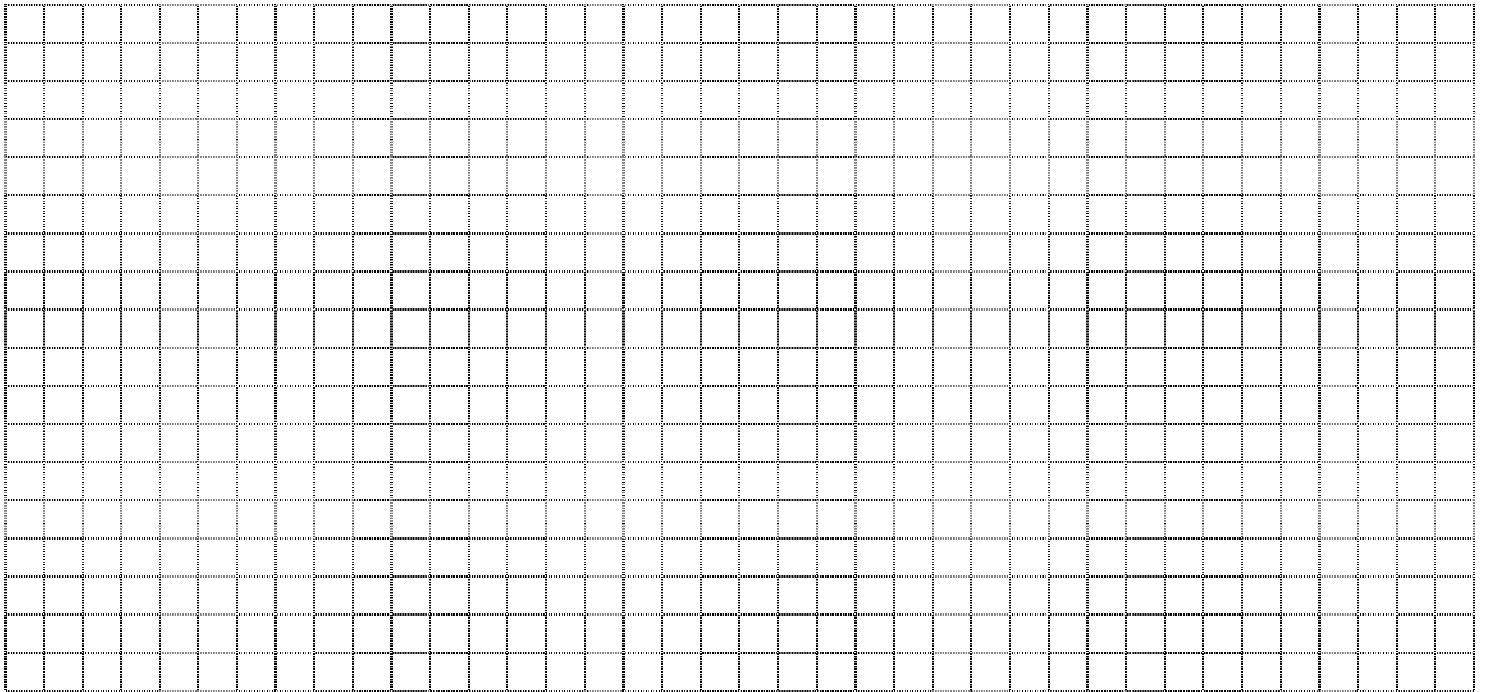
Signed: _____

printed name

- Property Owner Contractor
 Other _____

Date: _____

Instructions for site plan: On the grid below draw the property lines, any existing structures, and the proposed structures listed on side one. **Show the distance from any County Drain on the property.** Then indicate the distances from every proposed structure listed on reverse side to each property line and the road centerline and water front. Identify all roads the property fronts. Show which direction is **North**.
At the site: Mark the location of the proposed structure and your property lines with stakes.



THIS SECTION TO BE COMPLETED BY ZONING DEPARTMENT

Application fees paid

- _____ Permit Zoning File No. _____
- CA ___ Check# _____
- _____ Special Use Setbacks: Front _____
- _____ ZBA Appeal Rear _____
- _____ Other Sides _____

Signature of Permit Clerk

ZONING/LAND USE PERMIT

This application and site plan in its entirety, becomes your county zoning/land use permit upon inspection and approval by the Zoning Administrator. Any necessary modifications will be noted below and/or on the site plan by the Zoning Administrator. Owner is responsible for complying with any deed restrictions and/or subdivision regulations that may pertain to this property. **Permit is valid for one year from date of issuance.**

Zoning Administrator Signature Approved Denied * Date: _____

* If the permit is denied by the zoning administrator, you have 10 days to file an appeal to the appeals board.

Notes: _____

