

EMMET COUNTY PLANNING ZONING & CONSTRUCTION RESOURCES

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ZONING PERMIT APPLICATION

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

This section For Office Use Only		
Application Received Date _____	Project Number _____	Permit Number _____

JOB LOCATION

Site Address and/or Street Name _____		Township _____	
Property Tax I.D. No. _____	Lot/Unit Number _____	Plat or Condominium Name _____	

OWNER INFORMATION

First Name, Last Name _____			Telephone Number _____
Mailing Address _____		City _____	Cell Phone Number _____
State _____	Zip _____	Email Address _____	Fax Number _____

APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)

First Name, Last Name or Business Name _____			Telephone Number _____
Mailing Address _____		City _____	Cell Phone Number _____
State _____	Zip _____	Email Address _____	Fax Number _____

Building Dimensions:

Building Width = _____	Building Height = _____	Total Square Feet = _____
Building Length = _____	Number of Stories = _____	

PROPOSED USE OF BUILDING:

Residential

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> One Family | <input type="checkbox"/> garage/accessory building | <input type="checkbox"/> Attached | <input type="checkbox"/> Unattached |
| <input type="checkbox"/> Two - Family | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Agricultural | |
| <input type="checkbox"/> Multiple-family - # of units: _____ | <input type="checkbox"/> Residential addition | <input type="checkbox"/> Other: _____ | |

Non-residential

- | | | |
|--|--|--|
| <input type="checkbox"/> Assembly, Restaurant, etc | <input type="checkbox"/> Parking or Service Garage | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Business, Office, Etc | <input type="checkbox"/> Hotel/ Motel - # of Units: _____ | <input type="checkbox"/> Storage, Warehouse, Etc. |
| <input type="checkbox"/> Church, Religious, Etc | <input type="checkbox"/> Institutional, Hospital, Jail, etc. | <input type="checkbox"/> Tower, Bridge, Utility, Etc |
| <input type="checkbox"/> Educational, School, Etc. | <input type="checkbox"/> Mercantile, Store, Retail, etc. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Factory, Industrial, Etc. | | |

Describe proposed use of building:

OWNER SIGNATURE (REQUIRED IF APPLICANT IS NOT THE PROPERTY OWNER)

I hereby authorize the Applicant noted above, to perform the work as described on this application, at the job location shown above.

Property Owner Signature _____	Print Name _____	Date _____
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APPLICANT SIGNATURE

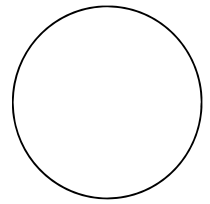
Applicant is responsible for payment of all applicable fees and charges to this application and must provide the applicant and building owner signatures below

I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to submit this application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge. It shall be the duty of the holder of the zoning permit or their duly authorized agent to notify the zoning office when work is ready for inspection. It shall be the duty of the permit holder to provide access to the property for inspections of such work that are required by the Emmet County Zoning Ordinance. When the applicant is a contractor, the owner signature is required in the "Owner Signature" space provided below. In lieu of the owner signature, other documentation verifying approval by the owner for the construction to occur under this permit may be accepted at the discretion of the department staff.

Applicant Signature _____	Print Name _____	Date _____
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PLOT PLAN - all applicable items required from the following checklist:

- | | |
|--|---|
| <input type="checkbox"/> Separate Plot Plan Attached | <input type="checkbox"/> 4. Location and size of all buildings on property. |
| <input type="checkbox"/> 1. Dimensioned property lines. | <input type="checkbox"/> 5. Locate all drives and parking areas. |
| <input type="checkbox"/> 2. Rivers, lakes or streams within 500 ft.
(may require Soil Erosion Permit) | <input type="checkbox"/> 6. Place north arrow in circle. |
| <input type="checkbox"/> 3. Road right-of-way, access or utility easements. | <input type="checkbox"/> 7. indicate any exterior walls to be removed/replaced. |



Scale: 1"=50'; 1"=100'; 1"=200', 1"= _____