

ZONING PERMIT

Date ____/____/____

Permit # _____

Village of Byron

146 S Saginaw St
Byron, MI 48418
810-266-5090

Job Address: _____ Property Tax Id No. _____

Owner _____ Phone: () _____ Cell: () _____

Address: _____ Email address _____

Basic Dimensions: _____ ft x _____ ft. No. of floors _____ Structure Height _____

PLEASE FILL IN THE APPROPRIATE SPACES BELOW:

Fee \$ _____

Principle Structure/Use _____

Make checks payable to:
Village of Byron

Accessory Structure/Use _____

Temporary Use _____

Other _____ Zoning District from Official Zoning Map _____

Describe work in detail and add a map to show setbacks of all structures to property lines,
where work is located, square footage of all buildings (exists or proposed) and height of all buildings

Applicant _____ Ph # () _____ Fax () _____

Email _____ Cell () _____

Address _____ City & State _____ Zip Code _____

HOMEOWNER'S AFFIDAVIT AND SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the local zoning, building, sewer/water, and, any required drain code. Work shall not be commenced until it has been approved and inspected by the Zoning Administrator. I hereby grant access to Village Representatives to complete the above mentioned project.

Signed: _____ Date: _____

AGENT'S/CONTRACTORS AFFIDAVIT AND SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as their authorized representative. Signed: _____ Date _____

COMPLETE INFORMATION ON SECOND PAGE

ZONING PERMIT SECOND PAGE

LOT DIAGRAM/PLOT PLAN (REQUIRED FOR ALL PERMITS**)**

Owner: _____ **Job Address:** _____

Address: _____

Tax ID: _____ **Signature of Applicant/Agent** _____

- | | |
|---|---|
| (1) Draw lot lines in feet | (2) Label street |
| (3) Draw existing structures | (4) Draw proposed construction |
| (5) Show dimensions of all buildings | (6) Show distance from all sides of building to sidelines |
| (7) Draw lakes, streams and wet lands within 500 feet | (8) Contractor/owner will stake 2 adjacent lot lines |

Signature Zoning Administrator: _____

Date _____ **Water Access Fee:** _____ **Sewer Access Fee:** _____