

ZONING PERMIT APPLICATION

CITY OF ST. IGNACE, 396 N. STATE ST., MI 49781

(All property owners are responsible for knowing the location of their property lines)

Property I.D. # _____

LOCATION OF CONSTRUCTION

Address _____

City _____

County _____

State _____

Zip _____

Owner Name _____

Contractor Name/Address/Phone No. _____

TYPE OF IMPROVEMENT — Site Plan Drawing required on back of this form.

- ☐ Fence
- ☐ Garage
- ☐ Building or Addition (circle one)
- ☐ Deck
- ☐ Sign
- ☐ Other

Explain: _____

Please review the requirements of your zone when creating your site plan and determining the following distances

- *Zoning Ordinances can be found at cityofstignace.com/services/pages/city-ordinances*

Setback (distance that improvement will be set back from road) _____

Side Yards (distance that improvement will be from each lot line) _____

Rear Yard (distance that improvement will be from rear lot line) _____

Height (if applicable) _____

APPLICANT INFORMATION - Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

Name

Address

City

State

Zip

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

Fee Enclosed \$

NOTE: 1) This permit does not negate your responsibility to obtain a building permit if applicable. 2) It is your responsibility to contact Utility Companies of any new construction so as not interfere with any easement/access to those utilities.

Approval Date:

Zoning Administrator Signature:

Permit Number:

SITE PLAN DRAWING:

