CITY OF ONAWAY

THE STURGEON CAPITAL OF MICHIGAN

20774 STATE STREET
P.O. BOX 761
ONAWAY, MI 49765

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ONAWAYCH@WMIS.NET

# ZONING PERMIT APPLICATION

Application Type: _____Residential _____Commercial _____Sign

_____Special Use _____Variance _____Fence

Property Owner: _____

Property Address: _____

Tax Id Number: __ __ __-__ __ __-__ __ __ -__ __ __-__ __

Legal Description: _____

_____

Project Summary: _____

_____

I hereby certify that the above information, and attached site plan are to the best of my knowledge, true and accurate. I also authorize the City to enter the property associated with this application for the purpose of conducting necessary inspections.

Applicants Signature: _____Date:_____

Permit Number:_____

SpecialConditions:_____

_____

Permit Issued By:_____Date:Issued:_____