VILLAGE OF LEXINGTON APPLICATION
MOBILE HOME PARK LAND USE

PERMIT #:_____
PARCEL #:_____
PERMIT FEE: $_____

OWNER: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** (____)_____

EMAIL: _____ **CONTRACTOR:** _____

BUILDING SITE ADDRESS:_____ **LICENSE #:** _____

Is property located within 500' of lake, stream or wetland? ☐ **Yes** ☐ **No** **(if yes soil erosion permit is required from Sanilac County)**

PROJECT DESCRIPTION: _____

_____

Type of Land Use Project

- ☐ New Mobile
- ☐ Addition to Mobile _____sq ft
- ☐ Accessory Building
- ☐ Accessory Building on Slab
- ☐ Relocation of Building onto property
- ☐ Demolition
- ☐ Driveway
- ☐ Sidewalk/Cement Pad
- ☐ Patio/Pavers
- ☐ Other_____

Start Date:_____

Completion Date: _____

Project requires a permit from EGLE: Y N

Approval from Park Manager: Y ☐ **N** ☐

Estimated Cost:

$_____

Occupancy Permit Granted Date:

_____

SITE PLAN: Attach 1 set of building plans, and a site plan containing a survey and diagram of proposed structure location of lot, including front, side, rear setbacks and lot lines, utilities, easements, existing buildings, sewer, water, etc.

INSPECTION: In order to verify compliance with this permit, it will be necessary for the Zoning Administrator or his/her designated agent to enter upon the premises at reasonable times until a certificate of occupancy is issued. Authorization is granted by signature.

NOTICE: The approval issued here is a zoning or land use approval, indicating this governmental unit's approval of the proposed use of the property involved. It is now mandatory that you apply for a Building Permit from the Sanilac County Department of Construction and Land Use, 61 W. Sanilac, Sandusky, MI 48471. (810)648-4664. You must take a copy of this permit, and two sets of plans. The plans will be checked for code compliance before the permit is issued. Other applicable permits may be required, such as: Health Department, Electrical, Plumbing, Building (for structure only), and Mechanical (heating & cooling).

APPROVAL INFORMATION

CONDITIONS: _____

_____

_____
Applicant Signature Date

_____
Zoning Administrator Date

PAYMENT INFORMATION
- ❑ PAID CASH
- ❑ PAID CHECK CK #_____

_____ _____
REC'D. BY DATE
COPY TO WATER DEPT. ❑

MI 9/27/22