Permit # _____

Village of Calumet
Zoning Application / Permit
(Permit not valid until signed by village official)
Applicant to complete all items and return to village office located at:
340 Sixth Street, Calumet, MI 49913
Phone: 906-337-1713 Fax: 906-337-5964
Zoning Administrator Megan Haselden, Email: manager@villageofcalumet.com

TYPE OF REQUEST **DATE OF APPLICATION _____**

_____ **New Building**
_____ **Addition**
_____ **Detached Garage/Storage Building**
_____ **Demolition**
_____ **Driveway**
_____ **Sidewalk**
_____ **Sign**
_____ **Fence**
_____ **Zoning Variance Request**
_____ **Rezoning Request**

Applicant Name _____ Applicant Phone_____

Property Address & Parcel #_____

Approximate Starting Date: _____

Property Owner's Name: _____ Phone #: _____

Owner's Mailing Address: _____

Contractor: _____ Contractor Phone #: _____

Describe the project _____

Do we have permission to enter the property for inspection purposes? YES NO

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. CANCELLED PERMITS CANNOT BE REINSTATED. Please contact the Houghton County Building Department at (906)482-2260 to obtain building permits.

PLEASE INCLUDE: (1) Size of Lot (2) Size of building (3) Location of existing building(s) (4) Location of driveway (5) Distance of building(s) from front, side, and rear yard lot lines

By signing, the applicant understands this document is a Village of Calumet Zoning Permit and all applicable building permits required by the County shall be obtained by the applicant.

_____ _____

Signature **Date**

FOR ZONING ADMINISTRATOR USE – DO NOT WRITE BELOW

District: _____

Use: _____

Front Yard: _____ **Rear Yard: _____**

Side Yard 1:_____ **Side Yard 2: _____**

_____ Zoning Permit Not Required

_____ Site Plan Review Required

_____ Variance(s) needed

Notes: _____

_____

_____

Approved _____ **Disapproved _____**

Date Approved: _____ **Date Expires: _____**

Signature: _____