



## EMMET COUNTY PLANNING & ZONING

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# ZONING PERMIT APPLICATION

### OFFICE USE ONLY

Received Date	Fee	Pay Type	Date Paid	Project Number	Permit Number

*Complete all sections applicable to the project. Incomplete applications may delay issuance of the Zoning Permit.*

### JOB LOCATION

Site Address and/or Street Name		Township	
Property Tax I.D. No.	Lot/Unit Number	Plot or Condominium Name	

### OWNER INFORMATION

First Name, Last Name			Email Address		
Mailing Address	City	State	Zip	Phone Number	

### APPLICANT INFORMATION *(Complete if applicant is different than owner.)*

First Name, Last Name or Business Name			Email Address		
Mailing Address	City	State	Zip	Phone Number	

### WRITTEN DESCRIPTION OF WORK *(Describe work and indicate if NEW structure or ADDITION to existing structure.)*

### BUILDING DIMENSIONS *(If application is for an addition, only indicate addition dimensions.)*

Length	Width	Total Sq Ft	Height	Number of Stories
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### PROPOSED USE OF BUILDING

RESIDENTIAL				
<input type="checkbox"/>	One-Family	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/> Garage/Accessory building
<input type="checkbox"/>	Two-Family	<input type="checkbox"/>	Residential Addition	<input type="checkbox"/> Attached
<input type="checkbox"/>	Multiple-Family – # of units = _____	<input type="checkbox"/>	Agricultural	<input type="checkbox"/> Unattached
<input type="checkbox"/>	Other (describe):			
NON-RESIDENTIAL				
<input type="checkbox"/>	Assembly, Restaurant, etc.	<input type="checkbox"/>	Mercantile, Store, Retail, etc.	<input type="checkbox"/> Agricultural
<input type="checkbox"/>	Business, Office, etc.	<input type="checkbox"/>	Parking or Service Garage	<input type="checkbox"/> Storage, Warehouse, etc.
<input type="checkbox"/>	Church, Religious, etc.	<input type="checkbox"/>	Hotel/Motel – # of units = _____	<input type="checkbox"/> Factory, Industrial, etc.
<input type="checkbox"/>	Education, School, etc.	<input type="checkbox"/>	Institutional, Hospital, Jail, etc.	<input type="checkbox"/> Tower, Bridge, Utility, etc.
<input type="checkbox"/>	Other (describe):			

### OWNER and APPLICANT SIGNATURES

*I hereby certify that I am the owner of the property or am officially acting on the owner's behalf for the project described in this application. All of the information submitted on this application is true and accurate to the best of my knowledge. I understand that I or my duly authorized agent is responsible for notifying the zoning office when work is ready for inspection. By signing this Application, I hereby grant permission for County Staff and/or any appropriate County Official to enter onto my property in order to confirm the accuracy of the information submitted and to inspect for compliance the approved plan(s). I understand that if I am not the property owner, the owner has also signed this application or I have provided other documentation verifying approval by the owner for the construction to occur under this permit that is satisfactory to County staff.*

Property Owner Signature (Required)	Print Name	Date
Applicant Signature (Required if applicant is not the owner)	Print Name	Date

**COMPLETE PLOT PLAN ON NEXT PAGE**

**PLOT PLAN**

<b>Complete a scaled diagram with all applicable items from the following checklist OR attach separate plot plan.</b>	
	1. Property lines with dimensions noted
	2. Rivers, lakes, or streams within 500 ft. (may require soil erosion permit)
	3. Road right-of-way, property access, utility easements
	4. Location and size of all existing buildings and proposed buildings
	5. Distance from all lot lines to the proposed building (Note: Front setback is measured from road right-of-way line.)
	6. Show distance of all drives and parking areas from property lines
	7. Indicate any exterior walls or structures to be removed/replaced

**INDICATE APPLICABLE SCALE:** 1"=50' / 1"=100' / 1"=200' / 1"= \_\_\_\_\_

**PLACE NORTH ARROW IN CIRCLE**

