

ZONING/LAND USE APPLICATION

Gladwin County Zoning Department

555 W. Cedar Avenue, Suite C

Gladwin, MI 48624

Phone (989) 426-4787 Fax (989) 426-6919

File Number _____

Approved _____ Denied _____

Variance needed? Yes No

ZBA: approved denied Date _____

THIS SECTION TO BE COMPLETED BY APPLICANT

Property Owner: _____

Date of Birth _____ Date: _____

Mailing Address: _____

Phone Day: _____

City State Zip: _____

Phone Evening: _____

Site Address: _____

Tax Code Number: _____

Cross Street: _____

Township & Section: _____

Number of acres: _____

Property Zoned as: _____

Subdivision : _____

Lot Number: _____

- | | | | |
|---|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Non-waterfront | <input type="checkbox"/> Waterfront | <input type="checkbox"/> Residential | <input type="checkbox"/> Business _____ |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> New Use | <input type="checkbox"/> Special Use Permit _____ |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Sign | <input type="checkbox"/> Tower | <input type="checkbox"/> Other _____ |

List every structure/request that you are applying for. List attached garages as a separate structure.

STRUCTURE or REQUEST	DIMENSION	USE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contractor: _____

Return permit to property owner

Return permit to contractor

Telephone # _____

I hereby make application for a county zoning/land use permit for the structures or request listed on this application, in accordance with the zoning ordinance for Gladwin County, as adopted pursuant to the provisions of Public Act 110 of 2006. By signing this application, I acknowledge that I am responsible for the accuracy of the information submitted with the application. I do certify that the information contained in this application/site plan, including setbacks and property boundaries is true and correct to the best of my information, knowledge and belief. I understand that incorrect information on this application may result in the revocation of the zoning permit and that I may be subject to penalties pursuant to Articles of the Gladwin County Zoning Ordinance. I hereby grant permission for county authorities to enter upon the above described property for the purpose of gathering information related to this application.

Signed: _____

Property Owner

Contractor

printed name

Other _____

Date: _____

