COMPLETE (ONLINE	FORM.	PRINT	FORM.	COMPLETE	SKETCH	ON	PAGE	2.	MAIL	IN	OR	HAND	DELIVER	FORM
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ZONING/LAND USE APPLICATION

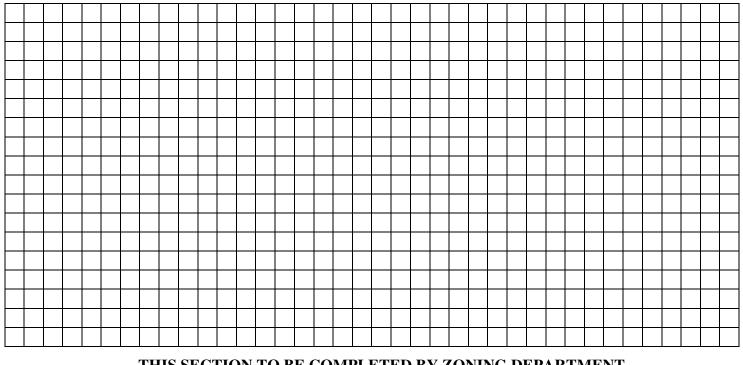
Gladwin County Zoning Dep 555 W. Cedar Avenue, St Gladwin, MI 48624		Approve	nber d e needed? □Y	Denied Zes □No				
Phone (989) 426-4787 Fax (9		ZBA:		enied Date				
 TH		BE COMPLETED	BY APPLICA	NT				
Property Owner:		Date of Bi	rth	Date:				
Mailing Address:		Phone Day	y:					
City State Zip:		Phone Eve	ening:					
Site Address:								
Cross Street:								
Number of acres:		Property Z	Coned as:					
Subdivision :		Lot Number:						
□ Non-waterfront	□ Waterfront	□ Residential	□ Busine	SS				
□ New Construction	□ Addition	□ New Use	□ Special	Use Permit				
□ Home Occupation	□ Sign	□ Tower	□ Other					
List every structure/reque	st that you are app	lying for. List atta	ched garages	as a separate structure.				
STRUCTURE or	REQUEST	DIME	NSION	USE				
			<u> </u>					
Contractor:								
		Return	permit to prop	erty owner				
		Return	permit to cont	ractor				
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
	□ Other	
printed name		
Date:		

Instructions for site plan: On the grid below draw the property lines, any existing structures, and the proposed structures listed on side one. Show the distance from any County Drain on the property. Then indicate the distances from every proposed structure listed on reverse side to each property line and the road centerline and water front. Identify all roads the property fronts. Show which direction is North.

At the site: Mark the location of the proposed structure and your property lines with stakes.



THIS SECTION TO BE COMPLETED BY ZONING DEPARTMENT

⊐	_ Permit	Zoning File No.					
CAChec	CACheck#						
□	_ Special Use	Setbacks:	Front				
□	_ ZBA Appeal		Rear				
	Other		Sides				

Signature of Permit Clerk

ZONING/LAND USE PERMIT

This application and site plan in its entirety, becomes your county zoning/land use permit upon inspection and approval by the Zoning Administrator. Any necessary modifications will be noted below and/or on the site plan by the Zoning Administrator. Owner is responsible for complying with any deed restrictions and/or subdivision regulations that may pertain to this property. **Permit is valid for one year from date of issuance.**

□ Approved □ Denied *

Date: _____

Zoning Administrator Signature

* If the permit is denied by the zoning administrator, you have 10 days to file an appeal to the appeals board. Notes: