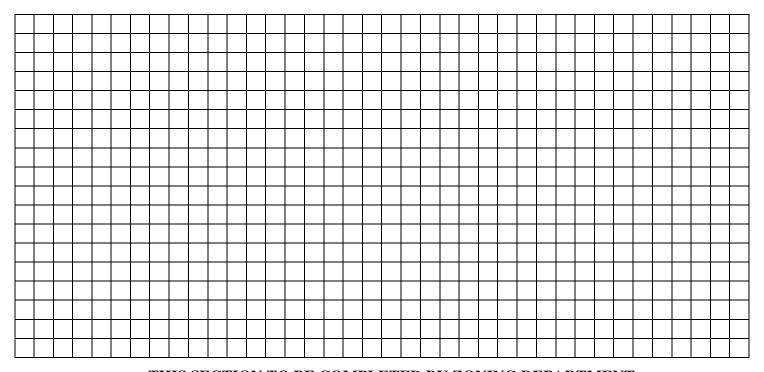
## **ZONING/LAND USE APPLICATION**

Gladwin County Zoning Depa	artment	File Nur	nber			
555 W. Cedar Avenue, Sui	Approve	ed	_Denied			
Gladwin, MI 48624	Variance needed? □Yes □No					
Phone (989) 426-4787			approved □	denied Date		
THIS		BE COMPLETED	BY APPLIC	ANT		
Property Owner:	Date of Bi	rth	Date:			
Mailing Address:			y:			
City State Zip:						
Site Address:		Tax Code	Number: _			
Cross Street:		Taranalia e Cartina				
Number of acres:		Property Z	Zoned as: _			
Subdivision:		Lot Numb				
☐ Non-waterfront	☐ Waterfront	☐ Residential	□ Busin	ess		
☐ New Construction	☐ Addition	□ New Use		al Use Permit		
☐ Home Occupation	□ Sign	☐ Tower	☐ Other			
List every structure/reques	t that you are ann	dving for List atta	ched garage	s as a senarate structu	re	
· -		•		USE	10.	
STRUCTURE or I	KEQUEST	DIME	DIMENSION			
		<u> </u>				
		<u> </u>				
		<u> </u>				
Contractor:		<del></del>	permit to pro	nnarty ownar		
<del></del>			permit to pro			
Talanhona #			permit to cor	iliacioi		
Telephone #		_				
I hereby make application for a control of the state of t						
accordance with the zoning ordin 2006. By signing this application,						
the application. I do certify that						
boundaries is true and correct t						
information on this application m pursuant to Articles of the Gladwi						
upon the above described property					Circi	
Signed:		☐ Propert	y Owner	☐ Contractor		
_		_	=			
printed name						
<b>F</b>						

**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 right-of-way 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	
Check# Special Use	Setbacks:	Fron
ZBA Appeal	200000	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 admini	istrator, you have	10 days to file an	n appeal to the appeals board.
Notes:				

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