

ZONING APPLICATION/PERMIT



15185 Algoma
Cedar Springs, MI 49319
616-696-1718
Fax: 616-696-3970

DATE: _____

Parcel Owner: _____

Parcel Owners Address: _____

Parcel Owners Phone: _____

Parcel Owners Email: _____

Driveway Permit: _____
(new homes only)

Building Site Address: _____

Parcel Number: _____

Parcel Size in Acres: _____

Accurate Site Plan: _____

Intended Use of Construction: _____

Type of Construction: Residential: _____
Commercial: _____

Secondary Building: _____
(pole barn, unattached garage etc)

Other: _____
(sign, fence, cell tower)

Total Square footage: _____ G. F. A. _____

Contractor's Signature: _____

Business Name: _____

Business Address: _____

Business Email: _____

Business Phone: _____ Fax: _____

****We must have your current license and registration in our file.**

OFFICE USE ONLY

TYPE OF ZONING _____ FEE \$50.00 _____ CHECK NO. OR CASH _____

APPROVED: DATE _____

Official Signature _____

SITE PLAN DESIGN

MUST INCLUDE THE FOLLOWING

1. Dimension of the lot and/or acreage (all sides)
2. The location, with distances to the lot lines of all existing and proposed structures.
3. The size of all existing structures.
4. The location of any lakes, rivers, streams or wetlands on or near the property.
5. The location of any easements on the property.
6. An arrow indicating the direction of north, south, east, and west.
7. Setbacks.

Front

Rear

Side(a)

Side(b)