

APPLICATION for a ZONING PERMIT
 Shiawassee County Community Development Department
 Surbeck Building • Third Floor
 201 North Shiawassee Street
 Corunna, Michigan 48817
 Phone: (989) 743-2396 • Fax: (989) 743-2393

App. Date: _____ Receipt # _____ Fee: \$ _____ Permit No. _____

Review Date: _____ Approved Denied By: _____

Property Address/Location		Applicant (if not Owner)		
Address/Street: _____	Name: _____			
Nearest Cross Rd.: _____	Address: _____			
Township: _____	City/State/Zip: _____			
Parcel Number: _____	Phone: _____			
Zoning District: _____	Fax: _____			
Owner Information		If New Construction or Addition		
Name: _____	Please Attach All That Apply:			
Address: _____	<input type="checkbox"/> Land Division Certificate	<input type="checkbox"/> Survey		
City/State/Zip: _____	<input type="checkbox"/> Proof of Ownership			
Phone: _____	<input type="checkbox"/> Septic Permit # _____	Well Permit # _____		
FAX _____	<input type="checkbox"/> Driveway Permit	<input type="checkbox"/> Soil Erosion Permit		
	<input type="checkbox"/> New Address			
[X]	Type of Request	Yes	No	For All Applications
	Non Residential or Business Use			Did you attach a "Site Plan Drawing"?
	Building/Zoning Permit Principal Use			Are you making grade (earth) changes?
	Building/Zoning Permit Accessory Use			Are you creating a pond?
	Certificate of Zoning Compliance			Is your project within 500 ft. of any surface water?
	Hazardous Material Storage			Is your project exclusively for agricultural use?
	Home Occupation Permit			Is this site currently violating the Zoning Ordinance?
	Temporary Building/Use Permit	For Sign Permits Only		
	Transfer of a Special Use Permit	Type of business: _____		
	Amendment of a Site Plan	Total display area in sq. ft.: _____		
	Razing or Moving Permit	Proposed setback from RoW: _____		
	Private Road Permit	Sign height: _____ Sign purpose: _____		
	Grading and/or Pond Permit	Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other		
	Sign Permit	Height and width of wall: _____		
	Other (Damage, Yard, Pool)	Attach Sign drawing showing copy <input type="checkbox"/>		
Describe Proposed Building or Land Use:				

AFFIDAVIT OF COMPLIANCE

I am the owner of, or the authorized agent of the owner, of the lot (parcel of land) described and shown on the attached site plan. I am familiar with the Shiawassee County Zoning Ordinance, including the related laws listed in Section 16.5.3. I hereby attest based upon my knowledge and belief that this request is complete, in compliance with, and warrants approval under the Shiawassee County Zoning Ordinance of 1982, as amended.

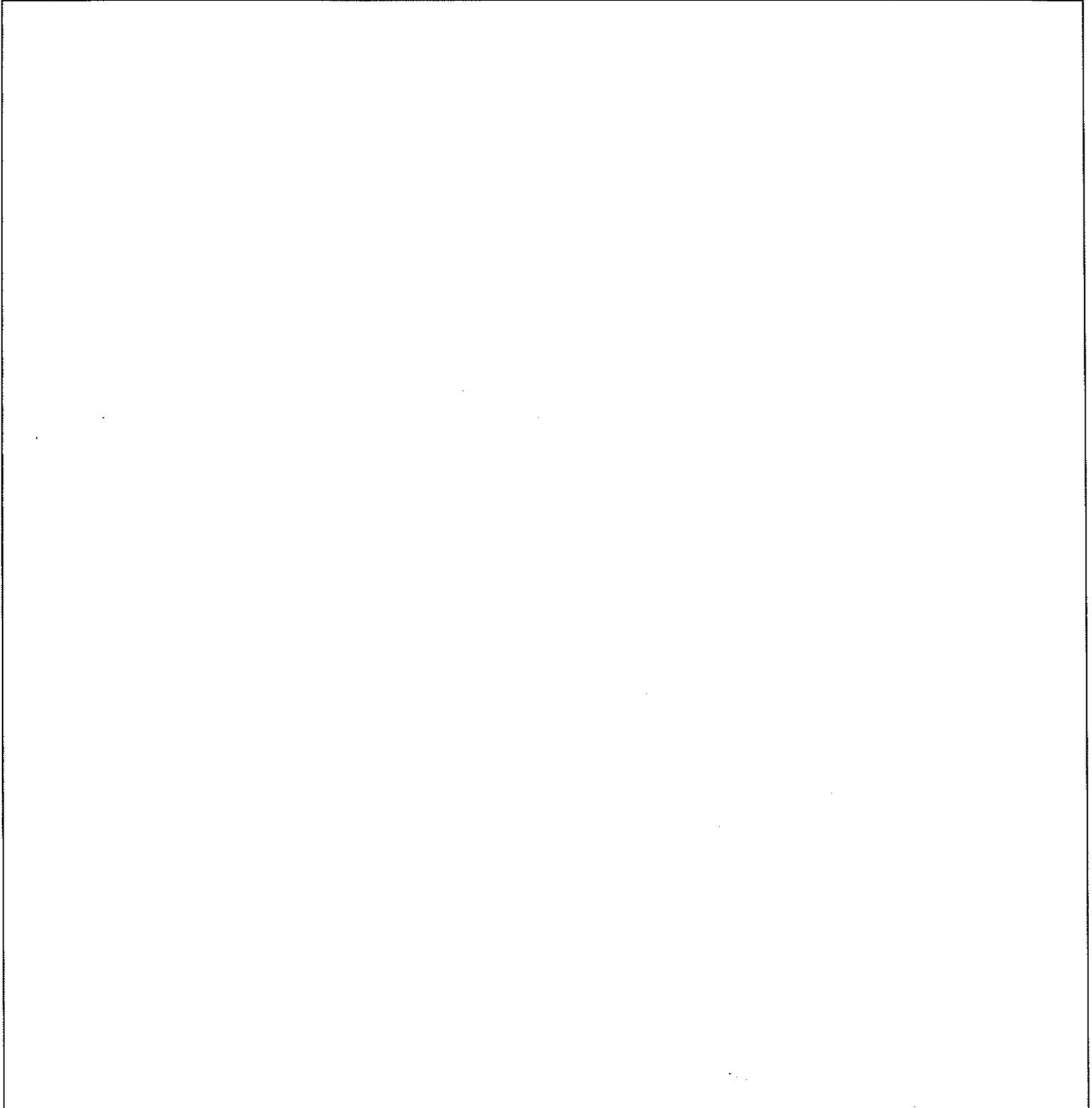
 Signature of Applicant _____
 Date

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

NAME _____ PROJECT ADDRESS _____

LOT SIZE _____ or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)



CENTER LINE OF ROAD

SITE PLAN REQUIREMENTS

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately locate Driveway and give distance from closest lot line
7. Indicate any unique features of the property, such as drain, ditches or streams, etc. and the distance for the building site.

SAMPLE

SHIAWASSEE COUNTY ZONING SITE PLAN GRID

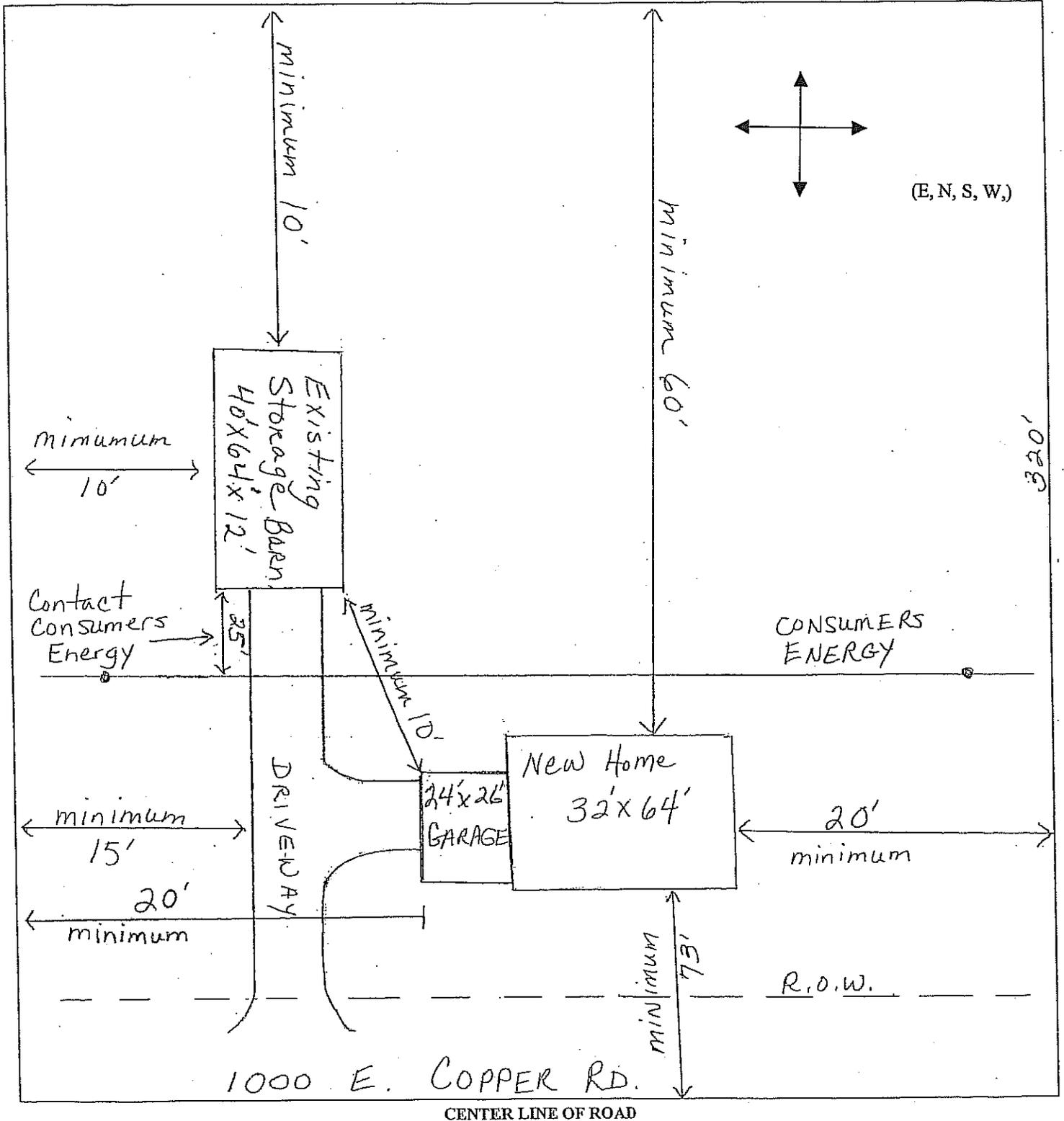
NAME John Doe

PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTOINS)

200'



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