

**CONSTRUCTION CODE AUTHORITY
ZONING PERMIT**

Date _____ Twp/City/Village _____

Applicant _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Job Location _____ Property Size _____

Permit to: Construct New Alter Remodel Addition Pole Building Detached Garage
 Single Family Dwelling Single Family Dwelling w/Attached Garage Other

Specify intended uses _____ % Lot Coverage _____ Date of Lot Split _____

Length _____ Width _____ Height _____ Roof Pitch/Style _____

Sq. Ft. First Floor _____ Sq. Ft. Second Floor _____ Sq. Ft. of Garage _____

Does this property have frontage on two roads? Yes No

Is the property bordering on a lake? Yes No

Is there a dwelling presently on this property? Yes No

Is there an accessory building presently on this property? Yes No

Is there an easement on this property? (i.e., utility, etc) Yes No

Is this property located in a flood plain? Yes No

Is the construction located 500 feet or closer to a lake, stream, or natural body of water? Yes No

Is the construction located in a wetland? Yes No

Will the construction require the moving of one surface acre or more of land? Yes No

If construction is for accessory building (pole building) will it contain animals? Yes No

I certify the above information is true. I also understand it is my responsibility to be aware of and comply with any and all deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations. Initial _____

Do Not Write Below This Line

LAND USE RESTRICTIONS:

Property I.D. # _____ ZONING DISTRICT: _____

Setbacks: Front: All construction must be a minimum of _____ feet from the **edge/center** of **any** road right of way and _____ feet from the edge of **any** road right of way for subdivision streets and private roads.

L. Side: _____ feet minimum from the left side lot line. Driveway Inspection _____

R. Side: _____ feet minimum from the right side lot line. Roof Pitch _____

Rear: _____ feet minimum from the rear lot line. Elevation Certificate Req'd Y / N

Stake Inspection _____

Comments:

I acknowledge that it is my responsibility to be aware and comply with all zoning requirements relating to this permit.

Applicant's Signature _____ Date _____

Driver's License No. _____ or Date of Birth _____

Permit approved Permit denied

Reason for Denial _____

Referred to: Planning Commission Zoning Board of Appeals Other _____

Deputy/Zoning Administrator _____ Date _____

CCA Applicant Municipality