

CITY OF EVART

200 S. Main St.
Ewart, MI 49631
(231) 734-2181
(231) 734-3917-fax
www.evart.org

ZONING PERMIT

Date:

Project Location:

Address _____

Property Tax ID# 67-51 _____

Zoning District _____

Legal Description _____

Property Owner:

Name(s) _____

Address _____

Phone# _____

Applicant Information:

Name(s) _____

Address _____

Phone# _____

Contractor Information (if applicable):

Name and Company _____

Address _____

Phone# _____ Fax# _____

Class of Work:

Fence/Wall – Materials used _____

Accessory Building – Dimensions _____

Deck – Will deck be attached to the structure _____ Deck dimensions _____

Ramp – Will the ramp be attached to the structure _____ Ramp dimensions _____

Roof – Strip roof _____ Replacing _____ Type of roof _____

ZONING PERMIT (page2)

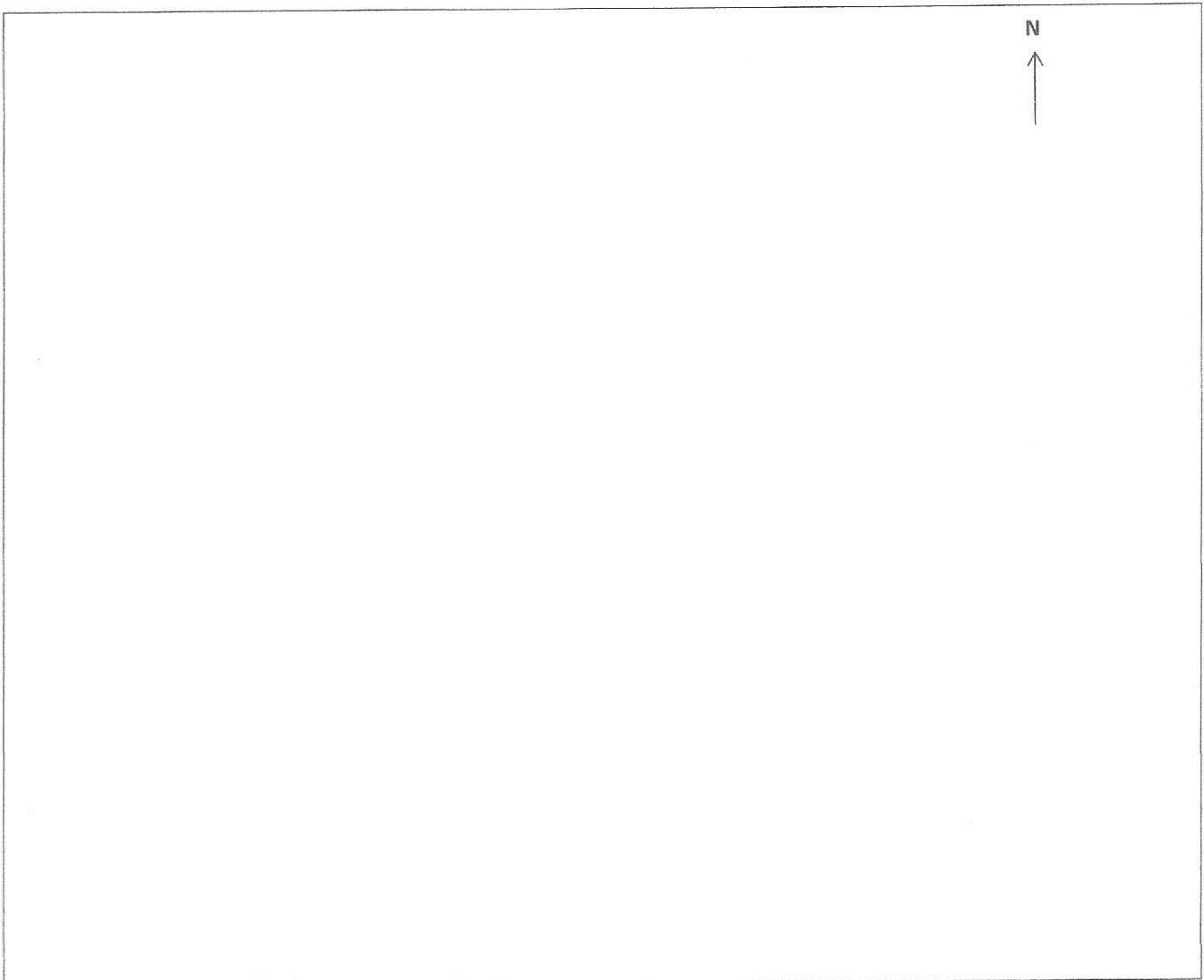
- New Construction – New Building _____ Addition _____
- Change of Use – Any alteration(s) made to an existing structure
- Sidewalk – **Installing/replacing sidewalks also requires a Sidewalk Permit**

*****If filing for 'New Construction', you must also file for a Site Plan Review.***

Please attach your site plan for the desired permit you listed on page 1.

Indicate by sketching on this application or by separate drawings the;

1. Size of the proposed construction
2. Size of existing buildings
3. Distance to lot lines
4. Adjacent streets or alleys
5. Adjacent property uses



ZONING PERMIT (page3)

Owner(s) Certification:

I hereby certify that the information provided is complete and accurate to the best of my knowledge and that I am the owner or record or authorized by said owner to seek a Zoning permit from the City of Evert.

Print Name

Signature of Applicant

Date

Changes in use, building dimensions, lot coverage or the intentional failure to provide accurate information in seeking this permit, may cause for suspending or revoking the Zoning Permit.

Zoning Administrator Review

- 1. Zoning District Use Compliance yes___ no___
- 2. Setback Compliance yes___ no___
- 3. Lot Area and Height Compliance yes___ no___
- 4. Site Plan Approval required___ not required___

5. Notes and Special Conditions:

Subject to stated notes and special conditions this Zoning Application is:

_____Approved _____Denied

Signature of Zoning Administrator

Date