

SCHOOLCRAFT COUNTY ZONING DEPARTMENT
300 WALNUT STREET, COURTHOUSE ROOM 207
MANISTIQUE, MI 49854

Mark Rivard, Zoning Administrator
Office Phone: 906-341-3678
Fax: 906-341-0282

ZONING COMPLIANCE PERMIT APPLICATION

Owner Information

Owner: _____	Telephone # w/Area Code: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Parcel Information

Tax ID # <u>77</u> - _____ - _____ - _____ - _____ Township _____ N, Range _____ W, Section _____
Situs Address (if available): _____
Legal Description: _____
Proposed Land Uses To Include But Not Be Limited To: _____ Please (X) All That Apply.
Residential Living (<input type="checkbox"/>) Residential Storage (<input type="checkbox"/>) Commercial/Industrial (<input type="checkbox"/>)
Agricultural (<input type="checkbox"/>) Other (<input type="checkbox"/>) - Please Specify _____
List All Structures Presently On The Property, And Then Proceed To Reverse Side Of Application.

NOTE: DEPENDING ON YOUR PLANS, OTHER REQUIRED PERMITS MAY INCLUDE BUT ARE BY NO MEANS LIMITED TO THE FOLLOWING: BUILDING, ELECTRICAL, MECHANICAL, PLUMBING, SOIL EROSION AND SEDIMENTATION, WELL, SEPTIC, DUNES, WETLANDS, ETC. PLEASE CHECK WITH THE PROPER AUTHORITIES.

DO NOT WRITE BELOW THIS LINE.....FOR ZONING DEPARTMENT USE ONLY:

Existing Use: _____
Proposed Use: _____
Zoning District: _____ Approved _____ Disapproved _____
Restrictions or Conditions: _____
Date: _____ Zoning Administrator: _____
\$35.00 Fee Paid Yes _____ No _____ Receipt # _____ No fee for separate storage unit 200 square feet or less, application must be filled out.
Copy to LMAS Health Department Yes _____ No _____ Date given to LMAS _____