PHONE: (231) 258-3367 FAX: (231) 258-3337

FEES

>100 square feet<250 square feet \$30

>250 square feet<2500 square feet \$50

>2500 square feet \$75

KALKASKA COUNTY ZONING PERMIT APPLICATION

Kalkaska County Planning and Zoning, 605 N. Birch St., Kalkaska MI 49646

Owner's Name		Property No.:							
Township	Sul	Subdivision			Sec	_T	N RW		
Project AddressNumber	Street	Street		City		ate Zip C	Code Phone Number		
			•						
Mailing Address									
Number				y	Sta	ate Zip C	Code Phone Number		
Type of Construction: Circ	cle and fill i	n ALL th	at apply						
	Width	Length	Total Sq. Ft.	Sidewall Height	Overall Height	1 st Floor Sq. Ft.	2 nd Floor Sq. Ft.		
Single-Family Home									
Single-Wide Mobile Double-Wide Mobile (HUD									
Modular	<i>′</i>								
Basement/Walkout									
Garage (Attached)									
Garage (Detached)									
Pole Building									
Shed/Storage									
Deck Open/Enclosed									
Deck Open/Enclosed Porch Open/Enclosed									
Deck Open/Enclosed Porch Open/Enclosed Roof-Over									
Porch Open/Enclosed									

** A copy of the Permit to Construct from the Health Department is required before any zoning permit is issued, if building a new home or adding bedrooms to an existing structure. **

SITE PLAN REQUIREMENTS (Does not have to be drawn to scale):

- 1. Show the dimensions of property lines as recorded in Equalization Office and size and location of all proposed and existing structures on the property.
- 2. Show the distance in feet from all property lines, street/road right of ways, nearby bodies of water, and between any and all structures on the property.
- 3. Property owners acknowledge that they are personally responsible for compliance with any subdivision or association deed restrictions or covenants, which may be stricter than what is required under the Kalkaska County Zoning Ordinance. Kalkaska County is not responsible for property owner non-compliance with same. Property owners also acknowledge that they are responsible for knowing where their property lines are located, and that if not certain about same, a property survey will be required.

PHONE: (231) 258-3367 FAX: (231) 258-2828 FEES >100 square feet <250 square feet

>100 square feet<250 square feet >250 square feet<2500 square feet >2500 square feet \$75

SITE PLAN						
N						
I hereby grant permission to Kedescribed in the attached) for to location of all proposed structume provisions of the Kalkaska	he purpose of gar ares has been stal	thering information attended and is ready for it	related to this ap	plication / request / p	roposal. The	
Owner or Person of Interest Sig	nature			Date		
I hereby certify the above propose	d work is authorize	ed by the owner of reco	ord and that I've b	een authorized to make	this application.	
Contractor's Name				Date		
License Number		Phone Numbers				
Contractor's Signature	Address	City	State	Zip Code		
CURRENT ZONING DISTRICT ZONING ADMINISTRATOR APPROVAL						

ZONING ADMINISTRATOR REMARKS _____