Otsego County
Land Use Services

Permit No.:_____

1322 Hayes Road
Gaylord, MI 49735
Phone 989-731-7400 * Fax 989-731-7419

APPLICATION FOR ZONING PERMIT

Date:_____

Tax Parcel Number:____-____-____-____-____ Twp: _____ Sec ____ N ____, R ___ W

Property location: **(REQUIRED)**

Address:_____ City:_____ State:____ Zip:_____

Property Owner :

Name:_____ Phone No.(____)-_____-_____

Address:_____ City:_____ State:____ Zip:_____

Contractor:

Name:_____ Phone No.(____)-_____-_____

Address:_____ City:_____ State:____ Zip:_____

Description of work to be done:

_____

_____

_____

PLOT PLANS SHALL CONTAIN ALL OF THE FOLLOWING:

Plot Plan: Provide copy of an accurate, readable, scale drawing showing the following shall be required except in the case of minor alterations, repair, and demolitions as determined by the Zoning Administrator.

1. Name, address and telephone number of the applicant (and owner if different).
2. The location, shape, area and dimension of the lot, including setbacks and shoreland and natural river districts, if any.
3. The location, dimensions and height of the existing and/or proposed structures to be erected, altered, or moved on the lot.
4. A description of proposed use of the building(s), land or structures.
5. The proposed number of sleeping rooms, dwelling units, occupants, employees, customers and other users.
6. The yard, open space and parking lot dimensions, parking space dimensions, and number of spaces.
7. A vicinity sketch showing the location of the site in relation to the surrounding street system, and adjacent land uses within three hundred (300) feet in every direction including on the opposite side of any public street; also showing adjacent landowners.
8. Location of any septic system or drain field and well.
9. Configuration of the driveway and parking, county drains and site drainage patterns.
10. Existing public right-of-ways or easements.
11. Any other information deemed necessary by the Zoning Administrator to determine and provide for the enforcement of this Ordinance.

TURN SHEET OVER FOR DRAWING AREA AND SIGNATURE LINE

Plot plan drawing Area:

Applicant signature: _____ Date:_____

This area to be completed by staff only

Zoning district: _____ Parcel size: _____ Use of proposed Structure: _____

Setback requirements: Front _____ Side _____ Side _____ Rear _____

Building size: Width _____ Length _____ Height _____ 1st floor _____ 2nd floor _____

Acc. Building size: Width _____ Length _____ Height _____ 1st floor _____ 2nd floor

[ ] Not required [ ] Approved [ ] Denied [ ] Soil Erosion [ ] Soil Erosion waiver

Notes: _____

_____

Zoning Administrator signature:_____ Date: _____