

PRESQUE ISLE TOWNSHIP

12653 East Grand Lake Rd. Presque Isle MI 49777

Ph: 989-595-2752 Email: zoningadmin@presqueisletwp.org; Web: www.presqueisletwp.org

LAND USE PERMIT APPLICATION (Fee \$30.00)

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

This section For Office Use Only

Application Received Date Project Number Permit Number Date

JOB LOCATION

Site Address and/or Street Name Township: Presque Isle
Property Tax I.D. No. Lot Number Plat Name

OWNER INFORMATION

First Name, Last Name Telephone Number
Mailing Address City St. Zip
Email Address Cell Number

APPLICANT INFORMATION (if different than owner)

First Name, Last Name or Business Name Telephone Number
Mailing Address City Cell Phone Number
State Zip Email Address Fax Number

Structure Dimensions: Construction Plans Attached [ ] Y Draw a to Scale Site Plan on Page 2
Structure Width = Structure Height = Total Square Feet =
Structure Length = Number of Stories = % of Area of Lot Used for Structure

PROPOSED USE OF BUILDING:

Residential
[ ] One Family [ ] garage / accessory building [ ] Attached [ ] Unattached Dimensions:
[ ] Two-Family
[ ] Multiple-family - # of units: [ ] Residential addition [ ] Other:
Non-residential
[ ] Assembly, Restaurant, etc [ ] Parking or Service Garage [ ] Agricultural
[ ] Business, Office, Etc [ ] Storage Building
[ ] Church, Religious, Etc [ ] Tower, Utility
[ ] Educational, School, Etc. [ ] Store, Retail, etc. [ ] Other:

Describe Proposed use of building:

OWNER SIGNATURE (REQUIRED IF APPLICANT IS NOT THE PROPERTY OWNER)

I hereby authorize the Applicant noted above to perform the work as described on this application at the job location shown above.

Property Owner Signature Print Name Date

APPLICANT SIGNATURE

Applicant is responsible for payment of all applicable fees and charges to this application and must provide the applicant and building owner signatures below

I hereby certify that the proposed work described on this application is authorized by the Owner of record and that I have been authorized by the owner to submit this application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge. By signing this permit the owner and/or applicant grants permission to enter the property for inspections by the members of the Zoning Board of Appeals, Planning Commission and Zoning Administrator as required.

Applicant Signature

Contractor: Address Phone License#

PIHA Approval (Circle One) YES NO Not Applicable

Approved By Title

Granted By: Variance (Date): Site Plan Review (Date) Special Use Permit (Date)

Conditions use separate sheet:

