

VILLAGE OF MANCELONA

120 West State St

PO Box 648

Mancelona, MI 49659

Phone: (231) 587-8331 Fax: (231) 587-5730

SITE PLAN REVIEW &/or SPECIAL USE APPLICATION AND CHECKLIST

Property Owner: _____ Zoning District: _____

Property Address: _____ Applicant: _____

_____ Applicant Address: _____

Property Owner Address: _____

_____ Phone: _____

Property Owner Phone: _____ Email: _____

Parcel Number: _____ Property Description: _____

Description of proposed use:

Is this a use allowed as a permitted use in the zoning district where proposed: YES NO (circle one)

Is this use allowed as a use subject to special approval in the zoning district where proposed: YES NO (circle one) if yes, follow special use process (Article 8)

Anticipated Start date: _____ Project Completion date: _____

Attach (2) copies of the site plan showing required data, a completed checklist and associated documentation must be submitted for preliminary review for completeness.

Include property owner authorization letter and signature.

My signature below indicates that I am the owner of this property, or that I am authorized by the owner to act in this matter, and that all information contained in this permit application is accurate and truthful. I agree to allow the Village of Mancelona Zoning Administrator &/or Planning Commission reasonable access to this property to verify setbacks and related matters, per Village of Mancelona Zoning Ordinance. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the Village of Mancelona Zoning Ordinance will be complied with. This is not a building permit. Approval of this application is necessary before obtaining an Antrim County Building Permit if needed.

Signed: _____ Date: _____

() OWNER () APPLICANT

For Village Use Only

Fee Paid: \$ _____ Date Received: _____ Received By: _____

Inspection Date: _____ Approved: _____ Denied: _____

Permit #: _____ Date Issued: _____ ZA signature: _____