

**VILLAGE OF MANCELONA**

**120 West State St**

**PO Box 648**

**Mancelona, MI 49659**

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

**ZONING PERMIT APPLICATION**

Property Owner: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Description of present and proposed use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exterior Structure Dimensions (including height): \_\_\_\_\_

Anticipated Start date: \_\_\_\_\_

Completion date: \_\_\_\_\_

An attached drawing showing all property lines and locations of all existing and proposed structures and/or other improvements, with specific measurements and descriptions is required.

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 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: \_\_\_\_\_