

Village of Central Lake
1622 N. M-88
P.O. Box 368
Central Lake, MI 49622

Phone: (231) 544-6483

Fax: (231) 544-2218

LAND USE ZONING PERMIT APPLICATION

Office Use Only:

Fee Received : _____

Check Number: _____

Date Received: _____

Approved: _____ Permit #: _____

Date of Inspection: _____

Denied: _____ Section: _____

Applicant: _____ **Capacity:** _____

(Must provide designated agent form if not property owner)

Mailing Address: _____

Telephone (Home): _____ **(Business):** _____

Property Owner's Name and Address (if not the applicant): _____

Proposed Construction Site Address: _____

Parcel Size: _____ **Nearest Intersection:** _____

Street From Which Driveway will Access: _____

Parcel Data Process (tax) Number: _____

Proposed Use:

_____ Single Family Home _____ Two Family Home

_____ Multi-Family Home _____ Temporary Shed

_____ Garage or Accessory Bldg. _____ Addition

_____ Other (describe) _____

Exterior Dimensions of Proposed Structure: _____

Height of Structure and # of Stories: _____

Square Footage of Structure: _____

Builder's Name: _____

Builder's Address and Job Phone Number: _____



Attach Plans, To-scale Drawings, Specifications for the Proposed Land Use and Buildings. (Site plan requirements are specified in Section 6.0 of the Village of Central Lake Zoning Ordinance)

For R1 (Residential District) INCLUDE

- _____ Lot or parcel dimensions
- _____ Existing building & dimensions, including eaves
- _____ Proposed building & dimensions, including eaves
- _____ Front, side, & rear yard dimensions
- _____ Name of road, waterfront, easements, or other right of way
- _____ Scale, north arrow, etc.
- _____ Natural features on site
- _____ Required setbacks of property
- _____ Exterior lighting if being proposed

Attach Evidence of Property

List Any Adjacent Parcels Under the Same Ownership: _____

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, 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 Central Lake Zoning Ordinance will be complied with. Further, I hereby certify that the property owner authorized the proposed work, and that I have been empowered by the owner to make this application (not a permit) and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

NOTE: Property lines & locations of proposed uses must be marked on the ground before a permit will be issued. Applicant must notify the Zoning Administrator when the property is marked and ready for inspection.

Signed: _____

Date: _____

When completed, sent to:
Scott Barrett, Zoning Administrator
Village of Central Lake
P.O. Box 368
Central Lake , MI 49622
(231) 544-2911