

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**