

Case No.:
Date Received:
Hearing Date:
PMT/CK #:

ZONING ORDINANCE APPLICATION

Ordinance No. 76-2

DELTA COUNTY BUILDING & ZONING

2910 College Ave, Escanaba, MI 49829

Phone: 906-789-5189 <https://deltacountymi.gov> Fax: 906-789-5188

INCOMPLETE APPLICATIONS WILL BE RETURNED

REQUEST (check one): Amendment Text Revision Conditional Use Variance Class A Designation

FEE: \$400, with the exception of a Text Revision \$1,500, payable to: Delta County Building & Zoning

Tax Parcel No.: 21-_____ Current Zoning District: _____

Owner: _____ Phone No.: _____

Owner Address, City, State Zip: _____

Property address: _____

Section _____, T_____N, R_____W, Acres: _____. Township: _____

REQUEST TO: _____

FOR THE PURPOSE OF: _____

SITE PLAN - MUST SHOW PROPOSED CONSTRUCTION AND DIMENSIONS TO ALL PROPERTY LINES
A professional survey may be required to identify property lines.

North

West East

South

I hereby certify that I am the legal owner of the property for which this application is being submitted; and the attachments and the information provided above is true and accurate to the best of my knowledge; and I acknowledge that this form is not in itself a permit but only an application for a permit; and that no work can begin until I receive an official permit; and that the permit may be revoked at any time if the conditions are not being met; and I understand that all fees are non-refundable.

➤ **Signature of Owner:** _____ **Date:** _____