

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

# ZONING ORDINANCE APPLICATION

**Ordinance No. 76-2**

**DELTA COUNTY BUILDING & ZONING**

310 Ludington Street, Escanaba, MI 49829

Phone: 906-789-5189 www.deltacountymi.org 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:** \_\_\_\_\_