

Date: _____

Application No. _____

REMIT TO: 102 E. 5th Street, Scottville MI 49454

Fee _____

MASON COUNTY ZONING PERMIT APPLICATION

NOTE: Sketch of lot, buildings, well/septic, dimensions and distances to lot lines required.

A. Type of Request:

- ROUTINE PERMIT
- SPECIAL LAND USE
- VARIANCE
- ADMINISTRATIVE SITE PLAN
- SITE PLAN APPROVAL
- OTHER _____

B. Contact Information:

OWNER

REPRESENTATIVE/AGENT (if applicable)

Name: _____ Name: _____

Mailing Address: _____ Mailing Address: _____

Phone/Cell: _____ Phone/Cell: _____

Fax: _____ Fax: _____

e-mail: _____ e-mail: _____

C. Description of Subject Property:

Address:	City:	Zip:
Township:	Section:	Zoning District:
Legal Description:		
Proposed Building/Land Use: _____		Height: _____
Variance or SLU request: _____		
Size of Building (s): _____	Size of Lot: _____	Parcel # : _____

D. Read Carefully and Sign Below: The information and statements provided in this application are true and correct, to the best of my knowledge. The applicant or representative hereby grants Mason County Zoning staff, Planning Commissioners, and/or Zoning Board of Appeals members to enter the subject property for the sole purpose of evaluating this application. I understand this permit will expire 12 months from the date of issuance unless said land use or construction has been diligently pursued.

E. Signature of Applicant or Representative _____ Date: _____

F. Well & Septic Approval: Well: _____ Septic: _____ Date: _____

G. Approval/Denial

Zoning Administrator: _____ Date: _____ () approve () deny

Chairman, Planning Commission: _____ Date: _____ () approve () deny

Chairman, Zoning Bd. of Appeals: _____ Date: _____ () approve () deny

H. Minimum setback distances from property line for this permit:

_____ feet from centerline of road _____ feet from rear lot line _____ feet from water's edge
 _____ feet from front lot line _____ feet from side lot lines _____

Note/Stipulations: