



MASON COUNTY AIRPORT ZONING PERMIT

A. Type of request:

- HEIGHT PERMIT AIRPORT HEIGHT VARIANCE
 LAND USE CONSULTATION

Failure to provide complete information may result in a delay of review. If FAA Form 7460-1, Notice of Proposed Construction or Alteration, has been submitted for review, include a copy of application and/or response letter from FAA with this application along with any other supporting documentation.

B. Owner and/or representative contact information:

<u>OWNER</u>	<u>REPRESENTATIVE (if applicable)</u>
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

C. Description of subject property and location of site:

Address: _____	City: _____	Zip: _____
Township: _____	Section: _____	Parcel Size: _____
Legal Description: _____		
Description and Use of Structure (dimensions, purpose, land use, temporary, permanent, etc.) _____ _____		
Ground Elevation (MSL): _____	Latitude: _____	
Height of Structure + _____	Longitude: _____	
Top Elevation: = _____		

I hereby certify that all statements on this application are true and correct. This permit is valid for one year and will expire if substantial construction has not been diligently pursued on the project.

F. Signature of Applicant or Representative _____ Date: _____
 NAME and TITLE of person filing notice _____ Phone: _____

FOR INTERNAL USE ONLY

SITE LOCATION _____ Zone A _____ Zone B _____ Zone C _____ Zone D
 Ground Elevation _____ Height of Structure. _____ Top Elev. _____
 Allowable Elevation _____ Allowable Exceeded _____

FOR LAND USE CONSULTATION ONLY: Current Zoning _____

Zoning and Land Use History:

Mason County Zoning
102 E. 5th St., Scottville, MI 49454
(231) 757-9272 (p)



Application # _____
Date _____
Fee _____

AIRPORT ZONING PERMIT (Continued)

FAA Form 7460-1

Date of FAA response _____, Decision _____ (approve/deny)

Date of FAA submittal _____

Form Required _____ yes _____ no

MDOT Bureau of Aeronautics Consultation Required _____ yes _____ no

Remarks:

Independent Hazard Review Required: _____ yes _____ no

Approval/Denial

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

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

REMARKS