



Date Received \_\_\_\_\_

TOWNSHIP OF MUNISING  
ZONING PERMIT APPLICATION

Please complete the application, include a check in the amount of \$50.00 payable to Munising Township, and mail to the following:

Township of Munising  
PO Box 190  
Wetmore, MI 49895

Carmon Decet  
(906) 202-1968  
[carmondecet@gmail.com](mailto:carmondecet@gmail.com)

1. \_\_\_\_\_  
Owner of Property

\_\_\_\_\_

Mailing Address

Building Site Address

\_\_\_\_\_

City, State and Zip

Phone Number(s)

2. The applicant hereby applies for a Certificate of Zoning Approval for the property located at **(the following information is available on your tax notice)**.

Property Identification Number: 02-006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Complete Legal Description of Site: T\_\_\_\_\_N, R\_\_\_\_\_W, Section \_\_\_\_\_,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or Plat Name and Lot No.: \_\_\_\_\_

3. Intended home occupation (if applicable) \_\_\_\_\_

4. **The following information is required:**

\_\_\_\_\_

Lot Dimensions / Size of Lot (acres, etc.)

\_\_\_\_\_

Back Yard Setback (feet)

\_\_\_\_\_

Frontage (feet)

\_\_\_\_\_

Number of Buildings

\_\_\_\_\_

Depth (feet)

\_\_\_\_\_

Total Floor Area (square feet)

**Continue below as applies to you.\*\***

\_\_\_\_\_  
Front Yard Setback (feet)

\_\_\_\_\_  
Accessory Bldg. Area (square feet)

\_\_\_\_\_  
Side Yard Setback (feet)

\_\_\_\_\_  
Off Street Parking (cars)

5. Proposed Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**All application for Certificates of Zoning Approval shall be accompanied by a blueprint or pen-and-ink sketch showing all property lines, locations of all buildings and the location and type of sewage disposal system and water supply system (existing and/or proposed).**

All sketches shall be drawn to scale. Please draw your sketch in the area below. You may attach a separate or additional sheet(s) as necessary.

The Undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application of Certificate of Zoning Approval is hereby **APPROVED / DENIED** in accordance with the provisions of the Munising Township Zoning Ordinance, as amended May 27, 2010 subject to the following conditions and restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date