



Date Received _____
Check # _____
Payment _____

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

Zoning Administrator
(906) 387-4404
muntwpza@jamadots.com

1. _____
Owner Email Address

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