

City of Reed City

Zoning Permit



Permit #:	_____
Parcel #:	_____
Permit Fee \$	_____
Water/Sewer Cap & Tap Fees \$	_____

Commercial – Zoning Application

Residential – Zoning Application

Owner/Renter (Circle One): _____ Date: _____

Site Address: _____ Phone: _____

Contractor: _____ License #: _____

Property Owner Address: _____

Commercial -or- Residential (please circle one)

Project Description:

Type of Land Use Project:

- New Building
- Renovation/Addition to Building
- Accessory Building _____sq.ft.
- Driveway
- Demolition
- Fence
- Sign(s) _____sq. ft.
- Sidewalk/Cement Pad
- Change of Use or Occupancy

Zoning District:

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> R-1 | <input type="checkbox"/> C-1 |
| <input type="checkbox"/> R-2 | <input type="checkbox"/> C-2 |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> C-3 |
| <input type="checkbox"/> R-4 | <input type="checkbox"/> C-4 |
| <input type="checkbox"/> R-5 | <input type="checkbox"/> Ind |

If Applicable:

- Copy to Department of Public Works
- Copy to Fire
- Copy to Building Dept
- Copy to Police Dept
- Copy to Planning Commission

Site Plan: A diagram of proposed structure with accurate dimensions and location on the lot, including front, side and rear setbacks. (Please refer to Site Plan Review for instructions)

Inspection: In order to verify compliance with this permit, it will be necessary for the Zoning Administrator or his/her designated agent to enter upon the premises at reasonable times until the project is complete. Authorization is granted by signature.

Notice: The approval issued here is a zoning or land use approval, indicating this governmental unit's approval of the proposed use of the property involved. It is now mandatory that you apply for a Building Permit from the Osceola County Building Department, 22054 Professional Drive Suite A, Reed City, MI 49677. (231) 832-6117. You must take a copy of this permit. Other applicable permits may be required, such as: Health Department, Electrical, Plumbing and Mechanical.

Applicant Signature

Date

Zoning Review

Comments:

Reviewed by: _____ Date Reviewed: _____

Department of Public Works Review (If Applicable)

Comments:

Reviewed by: _____ Date Reviewed: _____

Fire Department Review (If Applicable)

Comments:

Reviewed by: _____ Date Reviewed: _____

Police Department Review (If Applicable)

Comments:

Reviewed by: _____ Date Reviewed: _____

Planning Commission Review (if required)

Comments:

Date Reviewed: _____

Receipting Information

Application Received By: _____

- Received Site Plan Employee Initials: _____ Date: _____
 Received Fee \$ _____ Employee Initials: _____ Date: _____

Permit Information

- Request Approved
 Request Denied Reason: _____

Signature: _____ Date: _____

Printed Name: _____