



Date Received: _____ Permit# _____
 Decision Date: _____

CITY OF CHARLEVOIX
 210 STATE ST. CHARLEVOIX, MICH. 49720

Office of Planning and Zoning
 Zach Panoff, Interim City Planner/Zoning Administrator
 210 State Street Charlevoix, MI. 49720
planner@cityofcharlevoix.org
www.cityofcharlevoix.org
 (231)547-3265

ZONING PERMIT APPLICATION

1. This application is to be completed by the applicant, signed, and filed with the Zoning Administrator. The Zoning Administrator may waive certain application requirements such as lot corner staking, certain drawings, and/or building location staking if it can be determined that the proposed project meets the requirements of the Title V Planning and Zoning without such documentation.
2. Applicant must provide a scaled site plan of the proposed construction. See requirements on Page 3 of the application. Floor plans, elevation drawings, and other documentation may be required.
3. Applicant pays \$40.00 Zoning Permit fee made payable to the City of Charlevoix.
4. Applicant provides field staking of property boundaries and structures by applicant for inspection by Zoning Administrator. A registered land surveyor may be required to stake the property corners.
5. Zoning Administrator makes determination based on the application, site plan, and site visit against applicable sections of the City of Charlevoix Zoning Ordinance.
6. If approved, two copies of Zoning Permit are provided to the applicant. The original application is part of the City's permanent records.
7. Applicant takes copy of the Zoning Permit to the County Building Department.

Checklist for Zoning Permit Applications		<input checked="" type="checkbox"/>
• Complete Application-Sign		<input type="checkbox"/>
• Pay fee to City \$40		<input type="checkbox"/>
• Provide Scaled Site Plan		<input type="checkbox"/>
• Stake building corners		<input type="checkbox"/>
• Stake lot boundaries		<input type="checkbox"/>
Sign _____		Date: _____

ZONING PERMIT APPLICATION

Applicant

Address of subject property

Address (City/State/Zip)

Property Owner Name (If different than applicant)

Property Owner Address (City/State/Zip) (If different than address of subject property)

Property Owner Phone
(___) ___ - ____

Email

Agent Phone
(___) ___ - ____

Email

Use of Property: (Example: Single Family, Duplex, Apartments, Commercial, etc.)

Please describe the type of construction: (Example: 12X14 addition for a new bathroom extending west on the south side of a single family home.)

Dimensions of proposed construction excluding eaves: _____

Total square footage of proposed construction: _____

Height of proposed construction to the top of the roof: _____

Height of proposed construction to the midpoint of the roof for gabled roof: _____

Roof Type: (Examples: Gable, Hip, Gambrel, Mansard, Flat)

Square footage of all impervious surfaces: (Please show on site plan) (Examples: Asphalt/concrete driveways, sidewalks, patios) _____

Expected date to begin construction if known: _____

Attach a scale drawing of the proposed construction. Please be as detailed as possible, as this will be used to determine if a permit can be issued in accordance with the Zoning Ordinance. Corrections or additions may be required by the Zoning Administrator to determine compliance with the Zoning Ordinance.

Include all of the following:

- Lot or parcel dimensions.
- Existing building and dimensions, excluding eaves.
- Proposed building and dimension, excluding eaves.
- Front, side, and rear yard dimensions.
- Dimensions between existing and/or proposed buildings.
- Location and dimensions of all impervious surfaces including structures, sidewalks, driveways, patios, etc.
- Name of nearest road, easement, or dedicated right-of-way.
- Scale, North arrow.

AFFIDAVIT

I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his/her selected agent. I agree the statements made in the above application are true, and if found not to be true, any zoning permit issued may be void. I also agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree that any permit that may be issued is issued with the understanding that the individual(s) or organization(s) named or represented on that permit will comply with all applicable sections of the City of Charlevoix Zoning Ordinance. Accordingly, I agree that any and all construction, installation, alteration, addition, or demolition described herein will be conducted and carried out in compliance with City of Charlevoix Zoning Ordinance. I also agree to give permission for officials of the City of Charlevoix, the County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand that this is a zoning permit application (not a zoning permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

Signed: _____

Date: _____

THIS SECTION FOR OFFICE USE ONLY

Zoning District: _____

Tax ID: 052-____-____-____

Receipt Number: _____

Date Inspected: _____

Approved: Denied: If variance was required: Project # _____

Lot Coverage Calculations: Existing: _____

Proposed: _____

Total: _____

Lot Size: _____ Percentage: _____

Staff findings or notes: _____

Zoning Administrator Signature: _____

Date: _____