

Village of Fowlerville

213 South Grand Avenue
 Fowlerville, MI 48836
 Phone (517) 223-3771 Fax (517) 223-7435
 Police (517) 223-8711
 website www.fowlerville.org



Permit # _____

APPLICATION FOR LAND USE PERMIT (COMMERCIAL)

To be completed by applicant:

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____ PROPERTY TAX ID# _____

PROPERTY OWNER PHONE #: _____

To be completed by Village Official:

EXISTING ZONING: _____

BOUNDARY SURVEY PROVIDED

PROOF OF OWNERSHIP or AUTHORIZATION FROM PROPERTY OWNER PROVIDED

SKETCH PROVIDED INCLUDES BUILDING FOOTPRINT, including distances to property lines and currently existing structures.

SKETCH INCLUDES PROPOSED USE

Please note that construction of said project cannot begin until this permit has been approved by the Village of Fowlerville Zoning Administrator and a building permit obtained from the Livingston County Building Department. Processing of a permit is normally completed within 4-5 business days, but may be extended by the Zoning Administrator if necessary.

PROCEED TO LIVINGSTON COUNTY BUILDING DEPARTMENT FOR ADDITIONAL PERMITS

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT'S SIGNATURE: _____ Date _____

PROPERTY OWNER'S SIGNATURE: _____ Date _____

OFFICE USE ONLY:
 ZONING ADMINSTRATOR APPROVAL: _____ Date _____

Permit Expiration Date _____

Date application filed:	Date fee paid (\$240.00 + Engineering/Consultant Costs):	Approved or Denied (please circle) Reason, if denied:
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