



Permit #: _____
Parcel #: _____
Permit Fee \$ _____

Zoning Permit

City of Evart Application

Commercial – Zoning Permit

Owner/Renter: _____ Date: _____

Site Address: _____ Phone: _____

Contractor: _____ License #: _____

Property Owner Address: _____

Project Description:

Type of Land Use Project:

- New Building
- Addition to Building
- Accessory Building
- Parking Lot/Driveway
- Demolition
- Fence
- Sign(s) _____ sq. ft.
- Sidewalk/Cement Pad
- Planned Unit Development
- Change of use or Occupancy

Zoning District:

- C-1
- C-2
- I-1
- I-2
- _____

If Applicable:

- Copy to Department of Public Works
- Copy to Fire
- Copy to Building Dept
- Copy to Police Dept.

Water/Sewer Cap & Tap Fees:

\$ _____

Site Plan Review Required (New Construction/Addition/Accessory Building): Must complete and return a Site Plan Review application and include all required items from Site Plan Review Checklist.

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: _____