

Village of Fowlerville
213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Permit # _____

DRIVEWAY PERMIT APPLICATION

To be completed by applicant:

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____ EMAIL: _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER PHONE #: _____ PROPERTY TAX ID #: _____

FLOOD ZONE? (SEE FLOOD MAP): _____ EXISTING ZONING: _____

PROPOSED USE: _____

PRINCIPAL _____ OR ACCESSORY USE _____

(If the proposed activity is within a floodplain, the applicant shall obtain a permit from the DEQ, GLM Division prior to construction & prior to obtaining a local building permit)

IS USE PERMITTED WITHIN THE EXISTING ZONING DISTRICT? YES NO

If no, rezoning or other action will be required prior to issuance of Land Use Permit.

IS USE PERMITTED BY SPECIAL USE PERMIT? YES NO

If yes, Special Use approval must be obtained prior to issuance of Land Use Permit.

IS SITE PLAN APPROVAL REQUIRED? YES NO

If yes, Site Plan must be approved prior to issuance of Land Use Permit.

IS A VARIANCE NEEDED TO CONFORM TO ZONING ORDINANCE REQUIREMENTS? YES NO

If yes, variance(s) must be obtained prior to issuance of Land Use Permit.

ZONING DISTRICT REQUIREMENTS:

	Minimum Required	Actual	Does/Does not Comply
Parcel Size			
Parcel Width			
Front Setback			
Rear Setback			
Side Setback			
Building Size/Footprint			
*Driveway Location Width/ft from lot line			

Existing nonconforming conditions:
 Use: Yes No
 Building: Yes No
 Lot: Yes No
 If yes, explain: _____
 Street access: Yes No
 Abutting street name(s): _____
 Boundary survey of property submitted: Yes No
 If no, survey must be submitted prior to issuance of Land Use Permit.
 Are permits required from other agencies (MDEQ, MDOT, County, etc.): Yes No
 If yes, copies must be provided prior to issuance of Land Use Permit.

I, the undersigned, acknowledge that additional cost may be incurred in the review of my application as result of professional services for the Village Planner, Engineer, Attorney, or others to review my application.

By signing this application, I hereby acknowledge, and agree to pay all additional cost incurred by the Village and/or its consultants as they pertain to this review of my application.

***I agree to construct the driveway according to the site plan submitted and to the Village of Fowlerville municipal standards.**

APPLICANT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

PROCEED TO LIVINGSTON COUNTY BUILDING DEPARTMENT FOR ADDITIONAL PERMITS

FOR OFFICE USE ONLY		
DATE APPLICATION FILED: _____	FEE: _____	DATE FEE PAID: _____
ZONING ADMINISTRATOR: _____	APPROVED	OR DENIED
DPW DIRECTOR: _____	APPROVED	OR DENIED
REASON IF DENIED: _____		

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