

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



Permit # _____

APPLICATION FOR LAND USE PERMIT (SWIMMING POOL)

To be completed by applicant:

APPLICANT NAME:	_____
APPLICANT ADDRESS:	_____
APPLICANT PHONE #:	_____ EMAIL: _____
PROPERTY OWNER NAME:	_____
PROPERTY ADDRESS:	_____
PROPERTY TAX ID #:	_____ PROPERTY OWNER PHONE #: _____
EXISTING ZONING:	_____ FLOOD ZONE (SEE FLOOD MAP): <input type="checkbox"/> YES <input type="checkbox"/> NO
BOUNDARY SURVEY PROVIDED:	<input type="checkbox"/> YES
PROOF OF OWNERSHIP OR AUTHORIZATION FROM OWNER PROVIDED:	<input type="checkbox"/> YES
SKETCH OF BUILDING PROVIDED:	<input type="checkbox"/> YES
SKETCH OF PROPOSED POOL PROVIDED:	<input type="checkbox"/> YES

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.

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 additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ZONING ADMINISTRATOR APPROVAL: _____ DATE: _____

Date application filed: _____ Date fee paid (\$30): _____

Approved or Denied Reason, if denied: _____

