

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 (COMMERCIAL)

To be completed by applicant:

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
APPLICANT PHONE #: _____
PROPERTY OWNER NAME: _____
PROPERTY ADDRESS: _____ PROPERTY TAX ID #: _____
PROPERTY OWNER PHONE #: _____

PLEASE DESCRIBE THE PROJECT IN DETAIL:

To be completed by Village Official:

EXISTING ZONING: _____
<input type="checkbox"/> BOUNDARY SURVEY PROVIDED
<input type="checkbox"/> PROOF OF OWNERSHIP or AUTHORIZATION FROM PROPERTY OWNER PROVIDED
<input type="checkbox"/> SKETCH PROVIDED INCLUDES BUILDING FOOTPRINT, including distances to property lines and currently existing structures.
<input type="checkbox"/> 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 additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT SIGNATURE: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ZONING ADMINISTRATOR APPROVAL: _____ DATE: _____

PERMIT EXPIRATION DATE: _____ DATE APPLICATION FILED: _____

DATE FEE PAID (\$240): _____ APPROVED OR DENIED

REASON IF DENIED: _____