

1000 West Cedar Avenue Gladwin, Michigan 48624 Telephone: (989)426-9231 Fax: (989)426-6942

## CITY OF GLADWIN ZONING PERMIT APPLICATION

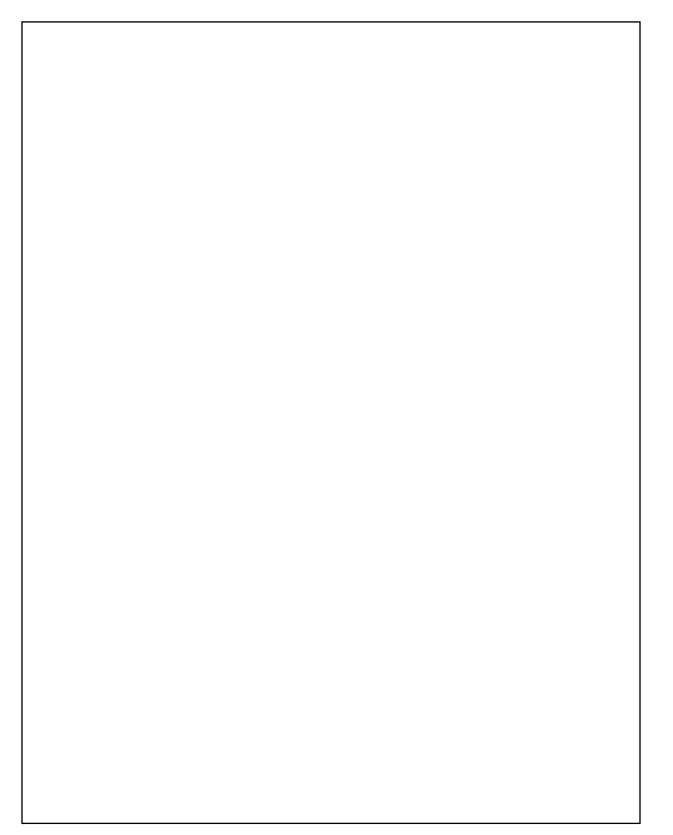
Applicant Name:				
ome Phone: Work Phone:				
Email Address:				
Applicant Signature:				
(If applicant is not the property owner, the ap	pplicant must have signed permission from the property			
owner in order to obtain a variance)				
Property Owner Name:				
Zoning District:				
Property Description:				

## Please provide the following information in the following plot plan or attach a separate sheet

- 1. The actual shape, location, and dimensions of the lot.
- 2. The shape, size, and location of all buildings or other structures to be erected, altered, or moved an of any building or other structures already on the lot, including setbacks from lot lines and natural features.
- 3. The existing and intended use of the lot and of all structures on it, including the number of dwelling units in the building(s).
- 4. The location of existing and proposed public and private utilities and access drives.
- 5. The proposed hours of operation, number of employees, usable floor area, or other information necessary to determine parking requirements.
- 6. Such other information concerning adjoining lots as may be reasonably necessary for determining whether the provisions of the zoning ordinance are being observed.

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<u>Plot Plan:</u>



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For Office Use Only:						
Application Fee: <u>\$25.00</u> Compatible Zoning? Yes	Date Paid: No 🗔					
Staff Comments:						
Variance Required? Yes 🗌 Reason for Variance:	No 🗌	N/A 🗌				
Planning Commission Review? Reason for PC Review:	Yes 🗌	No 🗌	N/A 🗌			
Zoning Administrator Signature			Date			