Application- Zoning Permit

City of Greenville - Building Department 411 South Lafayette Street Greenville, MI 48838



IMPORTANT - Applicant MUST complete all items in sections:

I. LOCATION OF BUILDING

No.

$\Delta + i$	(Location)	•
nu	Location	•

Street

052-	
Parcel	#

II. Information on Proposed Work – All Applicants Complete Parts A-D				
A. ZONE		D. PROPOSED WORK- FY(front Yard), SY(side yard), BY(back yard)		
□ R-1 □ R-2 □ R-3 □ MHP □ PUD □ 0-1 □ C-1 □ C-2 □ C-3	 Ind INDZ Hospital MUD NLZD 	 1. New Building FY Set Back, SY Set Back, BY Set Back 2. Addition FY Set Back, SY Set Back, BY Set Back 3. Repair/Replacement/Renovation Fence/Non-Corner Lot- Fence material (s) FY Height, SY Height, BY Height I have read and understand the fence ordinance. YES 5. Fence/Corner Lot- Fence material (s) 		
		FY Height, SY Height,		
B. OWNERSHIP Private (individual, corporation, nonprofit institution, etc.) Public (Federal, State, or local government)		 I have read and understand the fence ordinance. □ YES Garage, Attached Total Square Feet		
C. BUILDING USE- place size of structures unde				
Residential Use Single Family Two Family Multi-family- # Units Addition Mobile Home- Lot # Garage, Attached Garage, Detached Accessory Building		Non-Residential Use/ Commercial Use/ Industrial Use Describe Use of Building Below ex. Restaurant, Office, Medical:		

III. ITEMS NEEDED FOR APPROVAL E. PROVIDE ITEMS BELOW DEPENDING ON PROJECT Drawing of new building showing size and all setbacks. Drawing of new fence showing height and placement in relation to house with Property Line shown.

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IV. IDENTIFICATION: To be completed by all applicants			
	Mailing Address – Number, Street, City, & State	Zip Code	Telephone No.
1. Name of Owner or Leasee:			
2. Name of Contractor:			

I hereby certify that the proposed work is authorized by the owner of record and make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant:	Address:	Application Date:

You must submit your Zoning Approval to Imperial Municipal Services to receive a Building Permit.

DO NOT WRITE BELOW THIS

Zoning Approved for use applied for when signed

		Comments:
Approved By:	Signature of Zoning Administrator	
Or Auth	norized Zoning Assistant when applicable	
Approved By:	Signature of Authorized Zoning Assistant	

○ **Proof of ownership has been verified.**