



CITY OF WHITE CLOUD

APPLICATION FOR ZONING COMPLIANCE PERMIT Permit Fee=\$35.00

Drawing of Plot must be attached to this application

1. Applicant(s) Name & Address: _____ Phone: _____

_____ Email: _____

2. Applicant(s) are: () Owner of Property Involved () Agent of Owner of property involved

3. Address of Property involved: _____

4. Parcel #: _____ Property legal description: _____

5. Application is hereby made by the undersigned for:

- | | | |
|--|-----------------------------|------------------|
| () Zoning permit to construct new bldg. | () Conditional Use Permit | () Fence Permit |
| () Zoning permit to add to existing bldg. | () Exceptional Use Permit | |
| () Zoning permit to alter existing bldg.. | () Temporary Permit | |
| () Zoning permit to install mobile home. | () Variance | |
| () Zoning permit construct PUD | () Interpretation & Ruling | |

6. Type of Building/Fence _____

7. Present Zoning: _____ Lot area, acres/sq. ft.: _____

8. Average lot width: _____ ft.

9. Zone district setback requirements:

Side yard from property line	min. _____ ft.	Actual from prop. Line	_____ ft
Front yard from road R/W	min. _____ ft.	Actual from road R/W	_____ ft
Water's edge of lake (normal)	min. _____ ft.	Actual from water	_____ ft
River or stream bank	min. _____ ft.	Actual from bank	_____ ft

10. Building height: _____ Stories or _____ feet

11. Dimensions of building (outside) _____ x _____ Ground floor area sq. ft. _____

12. Distance between buildings _____ ft.

13. Off street parking ()yes ()no

14. Building and land use _____

15. Value of Structure \$ _____

16. The undersigned hereby agrees to comply with all ordinances and regulations of The City of White Cloud, Newaygo County, MI, and of any other agencies or governmental units which may be involved.

17. I/we do hereby swear that the above information is true and correct to the best of my/our knowledge.

Applicant(s) Signature

Date

Applicant(s) Signature

Date

A Zoning compliance permit for the proposed use of said property is hereby

() Granted

() Denied for the following reason(s): _____

Payment received: \$ _____

Payment type: _____

Zoning Administrator: _____

Date: _____

Give Copy to: Applicant, Zoning Administrator & Building Inspector, Property file.