

**CITY OF CHEBOYGAN, MICHIGAN
ZONING – LAND USE PERMIT APPLICATION**

OFFICE USE ONLY:

(applicant – person filing)

(address)

(city, state, zip code)

home telephone business telephone

Permit/Application No. _____
Date Received: _____
Fee* Received: _____
(*fee - \$25.00 – subject to change)

PROPERTY OWNER'S NAME AND ADDRESS *(if not the applicant)*

(name)

(address)

(telephone)

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER *(circle one):*

Builder Have Option to Purchase Agent/Other: _____

PROPOSED CONSTRUCTION SITE ADDRESS: _____

(Please obtain an address from the City Assessor, if none assigned.)

PARCEL SIZE: _____

PROPERTY DESCRIPTION: _____

PROPERTY TAX I.D. NUMBER: 16-__ - __ - __ - __ - __ - __ - __ - __ - __ - __

ZONING DISTRICT OF PROPERTY: _____

CONSTRUCTION TO TAKE PLACE IN FLOOD ZONE: ___yes ___no

NATURE OF APPLICATION: _____

SIZE OF BUILDING, STRUCTURE, ADDITION... _____

**ATTACHED PLANS, DRAWINGS, SPECIFICATIONS FOR THE PROPOSED LAND
USE AND BULDING(S).** (example attached)

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the City of Cheboygan Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator for the City of Cheboygan for inspection before the start of construction and. Further, I agree to give permission for officials of the City of Cheboygan, the County of Cheboygan and State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this a zoning permit application permit and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____
Date: _____

When completed return to:

Zoning Administrator **APPROVED:** _____ **DATE:** _____

City of Cheboygan

403 N. Huron Street, PO Box 39

Cheboygan, MI 49721

Signature – Zoning Administrator

Approval expires one year from above date of issuance.

(For questions, please contact the City of Cheboygan at 231-627-9931.)