OTSEGO COUNTY
LAND USE SERVICES
1322 HAYES ROAD GAYLORD MI 49735
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www.otsegocountymi.gov

APPLICATION FOR SIGN PERMIT- ZONING ONLY

Date:	Parcel Number: _____ - _____ - _____ - _____		
Township:	Zoning District:	Section:	T _____N/R _____W

PROPERTY LOCATION: *(REQUIRED)*

Address:	City:	Zip Code:

PROPERTY OWNER :

Name:		Phone:	
Address:	City:	State:	Zip Code:

CONTRACTOR:

Name:		Phone:	
Address:	City:	State:	Zip Code:

DESCRIPTION OF WORK TO BE DONE:

PLOT PLANS SHALL CONTAIN ALL OF THE FOLLOWING:

Plot Plan: Two (2) copies of an accurate, readable, scale drawing showing the following shall be required except in the case of minor alterations, repair and demolitions as determined by the Zoning Administrator.

1. Name, address and telephone number of the applicant (and owner if different).

2. The location, shape, area and dimension of the lot, including setbacks and shoreland and natural river districts, if any.

3. The location, dimensions and height of the existing and/or proposed structures to be erected, altered, or moved on the lot.

4. A description of proposed use of the building(s), land or structures.

5. The proposed number of sleeping rooms, dwelling units, occupants, employees, customers and other users.

6. The yard, open space and parking lot dimensions, parking space dimensions, and number of spaces.

7. A vicinity sketch showing the location of the site in relation to the surrounding street system, and adjacent land uses within three hundred (300) feet in every direction including on the opposite side of any public street; also showing adjacent landowners.

8. Location of any septic system or drain field and well.

9. Configuration of the driveway and parking, county drains and site drainage patterns.

10. Existing public right-of-ways or easements.

11. Any other information deemed necessary by the Zoning Administrator to determine and provide for the enforcement of this Ordinance.

TURN SHEET OVER FOR DRAWING AREA AND SIGNATURE LINE

Plot Plan Drawing Area:

Applicant Signature:	Date:

OFFICE USE ONLY

Zoning District:	Parcel Size:		Use of Proposed Structure:			
Setback Requirements:	Front:		Side:	Side:		Rear:
Building Size:	Width:		Length:	Height:	1st Floor:	2nd Floor:
Accessory Building Size:	Width:		Length:	Height:	1st Floor	2nd Floor:
[ ] Not Required		[ ] Approved			[ ] Denied	
[ ] Soil Erosion			[ ] Soil Erosion Waiver			
Notes:						
Zoning Permit Number :			Soil Erosion Permit Number :			
Zoning Administrator:					Date:	