

VILLAGE OF PORT AUSTIN APPLICATION FOR VILLAGE ZONING COMPLIANCE PERMIT

1. PROPERTY LOCATION

Street Address	Property Tax #
Subdivision	Zoning District
Lot	Block
	Lot Size

2. OWNER INFORMATION

Name	Phone Number
Address	

3. CONTRACTOR INFORMATION

Name	
Address	
Phone Number	License Number

4. TYPE AND COST OF BUILDING

A. TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Repair, Replacement	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Other _____

B. OWNERSHIP

<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
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C. PROPOSED USE

<p><i>Residential</i></p> <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family Apartment Building No. of units _____ <input type="checkbox"/> Hotel or motel One Family _____ <input type="checkbox"/> Garage <input type="checkbox"/> Condo _____	<p><i>Nonresidential</i></p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Other _____
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Describe in detail proposed use of building _____

D. COST OF IMPROVEMENT \$

5. BUILDING CHARACTERISTICS

A. PRINCIPAL FRAME TYPE

<input type="checkbox"/> Masonry	<input type="checkbox"/> Structural Steel
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Reinforced Concrete
<input type="checkbox"/> Other _____	

Pre-manufactured (Modular, Sectional, Mobile Home, Double Wide, or any other type of pre-manufactured structure)

B. PRINCIPAL HEAT TYPE

<input type="checkbox"/> Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Oil	<input type="checkbox"/> Other _____
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C. SEWAGE DISPOSAL TYPE

<input type="checkbox"/> Public	<input type="checkbox"/> Private
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D. WATER SUPPLY TYPE

<input type="checkbox"/> Public	<input type="checkbox"/> Private
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E. MECHANICAL TYPE

<input type="checkbox"/> Central Air	<input type="checkbox"/> Elevator	<input type="checkbox"/> Other _____
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F. DIMENSIONS

Number of stories _____ Height _____

Total square feet: _____ Floor area _____ Land area _____

G. OFF STREET PARKING

Number of enclosed spaces _____ Outdoor spaces _____

H. RESIDENTIAL BUILDING ONLY

Number of bedrooms _____

Number of bathrooms: Full _____ Partial _____

I. BASEMENT

Number of enclosed spaces _____ Outdoor spaces _____

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

SIGNATURE AND ADDRESS OF APPLICANT

DATE

WHITE - ORIGINAL

CANARY - VILLAGE

PINK - OWNER

6. ZONING INSPECTOR VALIDATION

(Owner shall be responsible for requesting any necessary inspections and permits by Building Inspector regarding footings, framing, final occupancy, and other required inspections.)

PROVIDE:

- a. Legal description of the lot _____
A surveyed description shall be required unless the applicant can show that the parcel is a lot of record.
- b. A scale drawing showing the actual shape, location and dimensions of the lot, and the shape, size, and location with measurements to the lot lines, of all buildings and structures and roads or drives presently on the property and to be erected, altered or moved.
- c. The Zoning Inspector may require additional information concerning the lot or adjacent lots as may be reasonably necessary to determine compliance with the provisions of the ordinance.

7. ADDITIONAL

If within 500' of any lake, river, or designated stream, a Soil Erosion Permit from Huron County Building & Zoning Department is required before a Building Permit can be issued.

Village Zoning Compliance Permit No. _____ Date _____

Zoning District _____ Use _____

Setbacks: Front _____ Rear _____ Side _____ Side _____

Include scaled elevation _____

All changes are subject to review of the Village Zoning Inspector.

Comments/additional information required _____

Approved By: _____
SIGNATURE OF ZONING INSPECTOR DATE OF APPROVAL

NOTE: The approved permit application must be submitted to the Huron County Building and Zoning office prior to the issuance of the county building permit.

8. **SITE PLAN** (Show lot lines, easements, and work layout and dimensions):

