

Village of Fife Lake
Zoning Department
616 Bates Street/Box 298
Fife Lake, Mi. 49633
231-879-4291 Fax 231-879-5153

LAND USE PERMIT
Information and Requirements

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Zoning Department
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Fife Lake, Mi. 49633
231-879-4291 Fax 231-879-5153

For Office Use Only
Parcel No. 28 – 41 - ____ - ____ - ____
Land Use Permit No. _____
Zoning District _____
Received By: _____
Date: _____

APPLICATION FOR LAND USE PERMIT

All questions must be answered completely and submitted with the required attachments in order to be processed. Please allow Five (5) business days for the application to be processed. Permits are valid for one year from date of issue.

Property Owner: _____

Owner Address: _____

Phone: _____ Cell: _____ Fax: _____

Property Address: _____

Contractor Name: _____

Contractor Address: _____

Phone: _____ Cell: _____

Please provide Blue Print/Plans that include elevations and floor plan of improvements.

PROPOSED LAND USE (please mark all that apply):

Residential Commercial Industrial Home Occupation

TYPE OF STRUCTURE (please mark all that apply):

New Addition Reconstruction
 House Garage Agriculture Barn Pole Barn Deck/Porch
 Commercial Industrial Other (explain) _____

DIMENSIONS OF PROPOSED IMPROVEMENTS: _____ x _____ x _____

Please be advised that the minimum setbacks vary from Zoning District to Zoning District. Accuracy is important. If setbacks are within 5 feet of the minimum requirements an onsite inspection is required.

SETBACKS:

Front/Street _____ Side _____ Side _____ Rear _____

Waters Edge _____ Easement/Street/Alley _____

HEALTH DEPARTMENT PERMIT/SEWER PERMIT #: _____

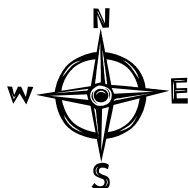
DRIVEWAY PERMIT #: _____

APPLICATION FOR LAND USE PERMIT
(continued)

SITE PLAN

*A **Site Plan** is required for all Land Use Permits. Site Plans shall consist of Property dimensions, dimensions from property lines to existing structures/buildings, proposed structures/buildings, roads and easements on or adjoining subject property. Site Plans can be professionally done or drawn on a separate sheet of paper with a north arrow*

SKETCH AREA



If any information and/or statements are found at a later date to be false, this Application/Permit shall become null and void. In signing this application you are permitting an authorized representative(s) of Village of Fife Lake to do an onsite inspection(s) of the property. This permit expires if authorized work is not commenced within one (1) year from the date of issuance.

I hereby depose and say under penalties of perjury, that all statements and/or information contained herein or submitted with this application are true.

Property Owner or Authorized Agent

Signature: _____ **Date:** _____

Print Name: _____

For Office Use Only		
Fee \$ _____	Date Received: _____	Received By: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check No. _____