



City of Plainwell – Zoning Permit Application Rev: 8/2005

Fee: \$5.00

Date: _____

Permit #: _____

Address of Project: _____

Parcel ID Number: _____

Owner: _____

Contractor: _____

Owner's Address: _____

Contractor Address: _____

Owner's Phone Number: _____ Contractor Phone Number: _____

Work to be done (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> New Building Construction | <input type="checkbox"/> Existing Building Addition/Alteration |
| <input type="checkbox"/> Building Demolition | <input type="checkbox"/> Moving a Building |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Other (please describe): _____ | |

Zoning District of this property (check):

- | | |
|---|---|
| <input type="checkbox"/> Single Family Residential(R-1A) | <input type="checkbox"/> Single Family Residential (R-1B) |
| <input type="checkbox"/> Single and Two Family Residential (R-1C) | <input type="checkbox"/> Multi-Family Residential (R-1) |
| <input type="checkbox"/> Planned Mobile Home (R-MH) | <input type="checkbox"/> Local Commercial (C-1) |
| <input type="checkbox"/> Planned Unit Development (PUD) | <input type="checkbox"/> General Commercial (C-2) |
| <input type="checkbox"/> Central Business (CBD) | <input type="checkbox"/> Service Business (SB) |
| <input type="checkbox"/> Community Service(C-S) | <input type="checkbox"/> Restricted Manufacturing (M-1) |
| <input type="checkbox"/> General Manufacturing (M-2) | |

General Description of Project (use back of page if necessary):

Will the work performed in this application change the Use of this property? Yes No

Total Cost of Project: _____

After project is complete, the setbacks established will be (if applicable):

Front: _____ ft. Back: _____ ft. Side: _____ ft. Side _____ ft.

Does this project involve a (check one): Non-conforming use
 Non-conforming structure
 N/A

Will this project result in an increase in off-street parking? yes no

I understand that before the issuance of a building permit, I must have an approved Zoning Permit Application. Additionally, the UNDERSIGNED affirms that he/she/they is (are) the owner of subject property authorized to represent the interests of all property owners involved in this application and that the answers and statements herein contained and all maps, plans, and other information herewith submitted and attached are in all respects true to the best of his/her/their knowledge and belief. Additionally, the UNDERSIGNED acknowledges they have received or have been made available all applicable Ordinances relevant to said project, and further, will comply with said Ordinances.

Signature of Applicant(s): _____

Date of Signature(s): _____

Office Use Only

Approved: _____ Denied: _____

Signature and Date of Zoning Administrator (or designate): _____

Remarks: