



**City of Plainwell – Zoning Permit Application** Rev: 09/2019  
Fee: \$5.00 / Additional review fees may be imposed

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Address of Project: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Contractor Phone Number: \_\_\_\_\_  
Owner's email address: \_\_\_\_\_

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

- New Building Construction
- Existing Building Addition/Alteration
- Building Demolition
- Moving a Building
- Fence
- Sign
- Other (please describe): \_\_\_\_\_

**Zoning District of this property (check):**

**What is your Zoning District of this property:** \_\_\_\_\_

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

Is this a home occupation? \_\_\_\_\_ If so what kind \_\_\_\_\_

Any type of special equipment use?  Electrical  Plumbing \_\_\_\_\_

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**

Is this project consistent with the Master Plan  yes  no If no please explain on back.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Signature of Zoning Administrator (or designate): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: