



CITY OF BOYNE CITY

319 N. Lake Street
Boyne City, MI 49712
www.boynecity.com

ZONING PERMIT APPLICATION

PERMIT NUMBER

- **Project Address** _____
- **Property ID Number** (Tax Code Number) 15-051- - -
- **Property Owner** _____ Phone _____
- Address _____
- City _____ State _____ Zip _____
- **Contractor** _____ Phone _____
- Address _____
- City _____ State _____ Zip _____

Proposed Use _____

Area of Lot (Square feet/Acres) _____ Construction Costs _____

Zoning District _____

Has a variance been granted for the proposed work? yes___no___If so, what is file #? _____

Applicant: The information provided is accurate to the best of my knowledge. I certify that all property and corners have been clearly staked and flagged and that all construction will conform with the Boyne City Zoning Ordinance and with the description contained in the application and site plan. All materials included with this application hereby become part of this application. Furthermore, I grant permission to the Zoning Administrator and other City Officials to enter the property and make such investigations and tests as they deem necessary. Applicant/landowner shall be responsible for movement of footing placement when not found in conformance with property zoning and/or required setbacks from the roads and property boundaries.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

This is to certify the required permit fee was received on _____

Receipt Number: _____

Approved: Yes No

Signature of Zoning Administrator:

NOTES:

PLAN SKETCH

(Or attach a copy of your survey with the proposed structure)

Please Draw a Sketch Below Indicating:

- 1) Proposed Structure
 - 2) Distance from Front Property Line
 - 3) Distance from Rear Property Line
 - 4) Distance from Side Property Line (left & right)
 - 5) Locations of all Other Structures on Property
 - 6) Driveway
 - 7) Any rivers, creeks, streams, swamps or waterways
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