

# WEXFORD COUNTY ZONING

401 N. Lake Street, Cadillac Michigan 49601  
Phone (231) 779-9501 or 920-2029 Fax (231) 779-9110

## PERMIT APPLICATION

Please fill out the application completely, sign and date below, and return to the Wexford County Building and Zoning Department at the address above.

I. **APPLICANT INFORMATION:** Applicant Name:  Address:   
City:  State:  Zip Code:   
Phone #: ()- Mobile # ()-

hereby make application to the Wexford County Zoning Administrator under the provision of Section 7.3 of the Wexford County Zoning Ordinance #5, as amended, to locate a trailer or mobile home or to erect, or move a building on the premises described as:

II. Property Tax ID Number(s) (e.g., 2209-24-3302):  Property Address (if any):   
Property Owners Name (if not applicant):  Phone #: ()-

III. List all existing buildings on property (i.e. dwelling, pole building, shed):

IV. **PROOF OF OWNERSHIP:**  Deed  Contract  Lease (Proof of ownership may be needed to verify property ownership)

V. **HEALTH DEPARTMENT APPROVAL:** Well Permit #:  Septic Permit #:

VI. **PROPOSED USE:**  **BLDG. DIMENSIONS:**   
**TYPE OF STRUCTURE:**

VII. **MANUFACTURED HOME INFORMATION:** Size: , Year:  (Must be 1978 or newer model)

### VIII. PROPOSED BUILDING SETBACKS FROM LOT LINES:

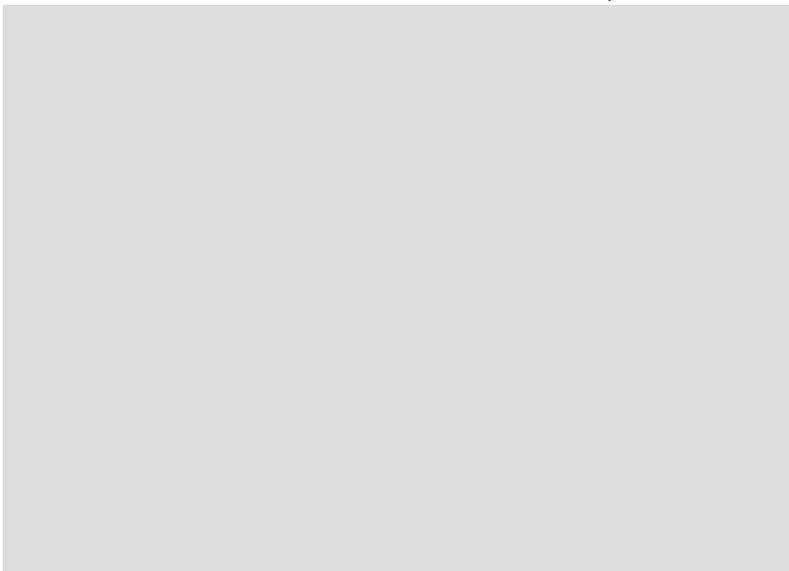
FRONT:  ft.  
REAR:  ft.  
SIDE:  ft. and  ft.  
BLDG. HEIGHT:  ft. to peak and  ft. to the eaves.

### FOR OFFICIAL USE: (DIMENSIONAL REQUIREMENTS)

MIN. FRONT SETBACK: \_\_\_\_\_ ft. DISTRICT: \_\_\_\_\_  
MIN. REAR SETBACK: \_\_\_\_\_ ft. USE: \_\_\_\_\_  
MIN. SIDE SETBACK: \_\_\_\_\_ ft.  
MAX BLDG. HEIGHT: \_\_\_\_\_ ft. to peak / \_\_\_\_\_ ft. to eaves  
MIN. DWELLING SIZE: \_\_\_\_\_ sq. ft.

### IX. SITE OR PLOT PLAN – MUST BE COMPLETED BY APPLICANT

**INSTRUCTIONS:** SHOW SHAPE & SIZE OF PROPERTY, ALL STREETS OR ROADS, DRIVEWAYS, PARKING AREA, ALL BUILDINGS NOW ON SITE, INCLUDING PROPOSED STRUCTURES. SHOW DISTANCE PROPOSED STRUCTURE WILL BE FROM ALL LOT LINES, ROAD R/W, LAKE OR STREAM AND NORTH ARROW. **Note:** The burden of proof of the exact location of all lot lines shall rest with the property owner.



### FOR OFFICIAL USE:

Owner/Agent:

Signature signifies full knowledge of Requirements

Date: \_\_\_\_\_

APPROVED

DENIED

\_\_\_\_\_  
Zoning Administrator