

Parcel Number

Permit Number



# Zoning Application

**NOTE: Obtain Building, Plumbing, Mechanical and Electrical Permits from Branch County Building Department 517-279-4303**

I. JOB LOCATION			
SITE ADDRESS		TYPE OF PROJECT	
CITY OF: <b>Bronson</b>	COUNTY <b>Branch</b>	ZIP CODE <b>49028</b>	
II. IDENTIFICATION			
<b>A. Owner or Lessee (proof of ownership required) _____ Property Owner _____ Land Contract</b>			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER
			FAX NUMBER
B. Contractor (If Applicable)			
NAME		ADDRESS	
CITY	STATE	ZIP	PHONE
			FAX
BUILDERS LICENSE NUMBER	EXPIRATION DATE		EMAIL
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER	WORKERS COMP INSURANCE
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.			
<b>CONTRACTOR SIGNATURE</b>			<b>DATE</b>
III. HOMEOWNER AFFIDAVIT			
I hereby certify that the proposed work described on this application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. Section 23A of the State Construction Code Act of 1972, being Section 125.1523A of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subject to civil fines.			
<b>HOMEOWNER SIGNATURE</b>			<b>DATE</b>

**IV. Type of Improvement**

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Change of Use	<input type="checkbox"/> Other
--	--	--------------------------------

**V. Local Governmental Agency to Complete this Section**

The departments identified below as being applicable to this construction project must provide written approval PRIOR to the issuance of the zoning permit by the City.

	REQUIRED		APPROVED	DATE	NUMBER	BY
A - Zoning	Yes	No				
B- Drive/Curb Cut	Yes	No				
C - Addressing	Yes	No				
D - Soil Erosion	Yes	No				
E - Variance	Yes	No				
F - Other	Yes	No				

**VI. PROPOSED USE OF BUILDING**

<u>RESIDENTIAL</u>	<u>NON-RESIDENTIAL</u>	
One Family, No. Bedrooms: _____	Assembly	Industrial
Multi-Family, No. Units: _____	Business	Church/Religion
Hotel/Motel, No Units: _____	Educational	Parking Garage
Mobile Home, No. Bedrooms: _____	Factory	Service Station
Garage ___ Attached ___ Detached	Institutional/Public Use	Tanks Towers
Pole Building / Storage Building	Mercantile	Amusement
Other: _____	Storage	Other _____
	Utility/Miscellaneous	

**VII. DESCRIPTION OF WORK** - Please provide a detailed description of your permit request in the space provided below

	Estimated Cost of Project  \$ _____
--	---

**VIII. BUILDING INFORMATION DATA/DIMENSIONS**

<u>DIMENSIONS</u>	<u>FOUNDATION AREA</u>
Foundation _____ Other _____	Basement ___ Full ___ Partial ___ Walkout
1 <sup>st</sup> Floor _____ No. of Stories _____	Foundation: Poured _____ Cinderblock _____
2 <sup>nd</sup> Floor _____ <b>TOTAL AREA</b> _____	Crawl Space: _____

Conditions/Stipulations:

**X. ZONING (CIRCLE ONE): R-1 R-2 R-3 Ind. B-1 B-2 B-3**

**A. Setbacks**

Front Setback	Rear Setback	Side Setback	Side Setback
---------------	--------------	--------------	--------------

Is the parcel within 500' of a lake, stream, river or any body of water?  
**If yes, State Law, (PA 451, Part 91) requires a Soil and Sedimentation Permit Application be completed.**

**B. Existing use of property - Please check all uses that apply**

Vacant	Commercial - Retail
Residential – Single Family Dwelling	Commercial - Storage
Residential – Storage _____	Commercial _____
Residential – Home Occupation	Other _____
Agricultural	

**C. Proposed Building Info**

Overall Width _____	Porch/Deck/Misc _____
Overall Length _____	Porch/Deck/Misc _____
Overall Height _____	Garage _____
	Pole Bldg _____
	Storage Shed _____

**D. Number of off-street parking spaces**

Enclosed \_\_\_\_\_ Outdoors \_\_\_\_\_ N/A \_\_\_\_\_

**E. Plot Plan**

Please include each item listed below on the plot plan on page 4 of this application. Check the "drawn" box after the item is included in the plot plan. Check the N/A box if the item required is not applicable to your parcel.

Drawn	N/A	<b>Required Information to be Included on Plot Plan</b>
		<b>Property line</b> dimensions and property shape
		Location of <b>street</b>
		Location of <b>sidewalk</b> (if applicable)
		Location, shape & size of all existing & proposed <b>buildings on property</b>
		Location of all <b>driveways</b> and parking areas
		<b>Distances of structures</b> to property lines and other structures
		Place <b>north arrow</b> on plot plan
		Rivers, lakes, wetlands, or streams within 500 ft
		Other essential zoning information

**XI. VALIDATION - DEPARTMENT USE ONLY**

Zoning Classification:	Approval based on Zoning Ordinance:
------------------------	-------------------------------------

**A. Approval**

Signature of Zoning Administrator:

Date:

Conditions/Stipulations:

**XII. SITE OR PLOT PLAN - FOR APPLICANT USE**

**XIII. AFFIDAVIT**

I agree the statements made above are true, and if found not to be true or incomplete, any zoning permit that may be issued will be void. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the City of Bronson Ordinances will be complied with.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date