



Office of Planning and Zoning
420 N Front Street
P O Box 395
Suttons Bay, MI 49682
231-271-3051 or 231-392-5828
zoning@suttonsbayvillage.org

APPLICATION FOR:
LAND USE PERMIT [] HOME OCCUPATION PERMIT []

Please type or print in ink

Health Dept. Permit # Water/Sewer Permit # Soil Erosion Permit #
Street/Drive Permit # MDEQ Permit # Flood Plain: Yes [] No []
Authorized Agents Name Phone #
Address Email
Owners Name Phone #
Address Email
Parcel ID # 45-043- - - Section # Zoning District
Project Parcel Address

Residential; Size (width x length)

Non-Residential; Size (width x length)

Single Family Commercial/Industrial
Multiple Dwelling Unit(s)
Residential Addition Commercial Addition
Private Garage Private Garage
Specify Use Specify Use
Patio/Deck/Porch Patio/Deck/Porch
Covered Patio/Deck/Porch Covered Patio/Deck/Porch
Other Other
Height of Structure(s) Height of Structure(s)
Building Coverage SQ. FT. Building Coverage SQ. FT.
Parcel SQ. FT. Parcel SQ. FT.
Impervious Surface SQ. FT. Impervious Surface SQ. FT.
Parking/Number of Spaces Parking/Number of Spaces
Sign Type/Size Sign Type/Size
Home Occupation (type & Name)

PROPOSED SETBACKS FROM PROPERTY LINES

Front (road) _____ Side _____ Side _____ Rear/Alley _____ Other _____

All setback requirements should be measured from the edge of the overhang, if any, to the nearest point on the adjacent property line.

Must Provide Site Plan and Elevation

Site Plan Requirements

The following information, at a minimum, must be included on the site plan:

- 1. A plan/survey and legal description of the parcel.
2. Dimensions of parcel with front (street side), rear and both sides clearly labeled.
3. Setback measurements of existing structure(s).
4. Setbacks of proposed structures.
5. Location and dimension of existing easements and driveways.
6. Location and dimensions of proposed easements and driveways.
7. Location and name of well and septic systems, if any.
8. Proposed location and exact dimensions of the proposed structure(s).
9. North directional arrow.
10. For all accessory structures, three (3) sets of construction plans (floor plans and elevations) are required (two (2) will be returned).
11. For all new homes & residential additions, three (3) sets of construction plans (floor plans and elevations) are required (two (2) will be returned).
12. For all commercial construction, three (3) sets of construction plans (floor plans and elevations) are required (two (2) will be returned).

USE:

What is the current USE of the property?

What other USES, if any, exist on the property?

If a change of USE, what is the proposed USE?

A permit issued under Article 84 of the Ordinance is void if the USE is not commenced within one (1) year. A renewal may be granted by the Administrator after a restudy of the permit, at no cost to the applicant, and applicant continues to meet all requirements for a permit.

Application is hereby made for a permit to authorize the proposed activity described herein. I understand that the granting of a Land Use Permit from Village of Suttons Bay does not exempt the applicant from obtaining other permits that may be required by the Village, county, state or federal agencies, or complying with existing deed restrictions.

With the granting of the permit for the above, it is agreed that such work will conform to state building codes, zoning and other ordinances of the Village of Suttons Bay, and that said Village shall not be liable for any resulting damage.

I certify that I am familiar with the information contained in the application, and that to the best of my knowledge and belief such information is true, accurate and in compliance with the Village Zoning Ordinance. I certify that I have the authority to undertake the activities proposed in this application. By signing this application, I agree to allow a representative of the Village to enter upon said property in order to inspect the proposed project.

Applicant's Signature: _____ Date: _____

Approved by VSB: _____ Date: _____

(Village of Suttons Bay Zoning Official)

Comments/Stipulations _____

-For Office Use Only-

Plans Provided: Yes No Date on Plans: ____/____/____

Permit # _____ Date Issued ____/____/____ Expiration Date ____/____/____

Date Inspected ____/____/____ Inspection Conducted By _____

PLEASE DRAW OR SUBMIT A TO SCALE SITE PLAN