

ZONING & CONSTRUCTION PERMIT
VILLAGE OF SARANAC
10 NORTH BRIDGE
IONIA COUNTY, MI 48881
PH: (616) 642-6324 FAX: (616) 642-0472

IMPORTANT – APPLICANT TO COMPLETE SECTIONS I, II AND III:

I. APPLICANTS NAME: _____

LOCATION OF BUILDING:

(LOCATION) _____ ZONING _____
(NO.) (STREET) (CITY) (DISTRICT)

II. TYPE OF BUILDING:

A. TYPE OF IMPROVEMENT:

1. _____ NEW BUILDING
2. _____ ADDITION (IF RESIDENTIAL, ENTER NUMBER OF NEW HOUSING UNITS ADDED, IF ANY, IN PART D. 13)
3. _____ ALTERATION (SEE 2 ABOVE)
4. _____ REPAIR, REPLACEMENT
5. _____ WRECKING (IF MULTIFAMILY RESIDENTIAL, ENTER NUMBER OF UNITS IN BUILDING IN PART D. 13)
6. _____ MOVING (RELOCATION)
7. _____ FOUNDATION ONLY
8. _____ FENCE
9. _____ SIGN
10. _____ OTHER

B. OWNERSHIP:

11. _____ PRIVATE (INDIVIDUAL, CORPORATION, NONPROFIT INSTITUTION, ETC.)
12. _____ PUBLIC (FEDERAL, STATE, OR LOCAL GOVERNMENT)

C. PROPOSED USE (FOR "WRECKING" MOST RECENT USE):

RESIDENTIAL

- 13. ____ ONE FAMILY
- 14. ____ TWO OR MORE FAMILY-ENTER NUMBER OF UNITS ____
- 15. ____ TRANSIENT HOTEL, MOTEL, OR DORMITORY ENTER
NUMBER OF UNITS ____
- 16. ____ GARAGE
- 17. ____ CARPORT
- 18. ____ OTHER – SPECIFY _____

NONRESIDENTIAL

- 19. ____ AMUSEMENT, RECREATIONAL
- 20. ____ CHURCH, OTHER RELIGIOUS
- 21. ____ INDUSTRIAL
- 22. ____ PARKING GARAGE
- 23. ____ SERVICE STATION, REPAIR GARAGE
- 24. ____ HOSPITAL, INSTITUTIONAL
- 25. ____ OFFICE, BANK, PROFESSIONAL
- 26. ____ PUBLIC UTILITY
- 27. ____ SCHOOL, LIBRARY, OTHER EDUCATIONAL
- 28. ____ STORES, MERCANTILE
- 29. ____ TANKS, TOWERS
- 30. ____ OTHER – SPECIFY _____

D. PRINCIPAL TYPE OF FRAME:

- 31. ____ MASONRY (WALL BEARING)
- 32. ____ WOOD FRAME
- 33. ____ STRUCTURAL STEEL
- 34. ____ REINFORCED CONCRETE
- 35. ____ OTHER – SPECIFY _____

E. TYPE OF SEWAGE DISPOSAL:

36. _____ PUBLIC OR PRIVATE COMPANY

37. _____ PRIVATE (SEPTIC TANK, ETC.)

F. TYPE OF WATER SUPPLY:

38. _____ PUBLIC OR PRIVATE COMPANY

39. _____ PRIVATE (WELL, CISTERN)

G. DIMENSIONS:

40. _____ NUMBER OF STORIES

41. _____ TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS

42. _____ BASIC DEMENSIONS

PLEASE ATTACH A SITE PLAN, SHOWING LOCATION AND SET BACKS

III. IDENTIFICATION:

1. OWNER OR LESSEE _____

2. CONTRACTOR _____

3. ARCHITECT OR ENGINEER _____

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 AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

(SIGNATURE OF APPLICANT)

(APPLICATION DATE)

(ADDRESS)

(TELEPHONE NUMBER - HOME)

(TELEPHONE NUMBER - WORK)

IV. ZONING ADMINISTRATOR'S NOTES:

DISTRICT _____

USE _____

FRONT YARD _____

SIDE YARD _____

REAR YARD _____

OWNER PLEASE NOTE:

THE FOLLOWING PERMITS MUST BE OBTAINED FROM IONIA COUNTY,
BUILDING CODE DEPARTMENT, 175 ADAMS STREET, (527-5374):

CONSTRUCTION _____

MECHANICAL _____

PLUMBING _____

ELECTRICAL _____

OTHER _____

(APPROVED BY) (TITLE)

PLAN REVIEW FEE \$ _____

