City of Gaylord Zoning Permit Application All approved applications must be submitted to Otsego County Land Use Department Located at 1322 Hayes Road 989-731-7400

CITY OF GAYLORD ZONING PERMIT APPLICATION

225 WEST MAIN STREET, ROOM 109 GAYLORD, MI 49735 TELEPHONE: (989) 732-4060 FAX: (989) 732-8266

THE CITY OF GAYLORD STRONGLY ENCOURAGES THE USE OF THE SWISS ALPINE MOTIF IN THE CONSTRUCTION AND/OR RENOVATION OF ALL COMMERCIAL BUILDINGS IN THE CITY OF GAYLORD TO MAINTAIN, ENHANCE AND PROMOTE, "GAYLORD, THE ALPINE VILLAGE."

1.	GENERAL INFORMATION:			
	Property Owner:			
	Address:			
	City, State and Zip Code:			
	Telephone Number:			
	Contractor or Agent:			
	Address:			
	City, State and Zip Code:			
	Telephone Number:			
2.	PROPERTY DESCRIPTION:			
	Tax ID Number:			
	Property Address:			
	Nearest Cross-Streets:			
	-			
	Zoning District:			
3.	PROPOSED USE AND/OR TYPE OF CONSTRUCTION: a. Type of Construction:			
	•	6 W		
	Single Family Dwelling Two or Multiple Family Dwelling Number of Units			
	Two or Multiple Family Dwelling – Number of Units Garage, Storage Shed or Other Accessory Structure – Describe			
	New Desidential Structures Describe			
	Addition			
	Other – Describe – Canopy over handicap ramp			
		Existing Structure		

ZC	ONING PERMIT	APPLICATION - Proposed U	se And/Or Type of Constru	iction			
	b. Proposed U	se:					
4.	PROPOSED SPECIFICATIONS:						
	a. Setbacks:	Front	Rea	ır			
		Side	Side	e			
	b. Property Dimensions:						
	c. Exterior Dimensions of Proposed Structure:						
	d. Height of Pr	d. Height of Proposed Structure:					
	e. Square Footage of Proposed Structure:						
	f. If Addition, Square Footage of Existing Structure:						
	g. Proposed Parking Spaces:						
	h. Parking Spaces Required Per Ordinance:						
	permitted for M-1 District either aspha	ts except Single and Two-Fam or those areas behind the front t. All drive approaches in the alt or concrete. A separate Dri oposed Development Comply v	face of a structure for those oad right-of-way of any dis we Permit is required.	e properties located in the trict, for any use must be			
5.	SITE PLAN:						
	Attach a scaled drawing using a common engineering or architect scale for all non-residential structures, which can be verified, in the field by the Zoning Administrator. Please include the following:						
		Lot or Parcel Dimensions, Sc					
	Existing Building & Dimensions, Including Eaves and Dimensions						
	Proposed Building & Dimensions, Including Eaves Front, Side and Rear Yard Setbacks						
		Name of Street, Easements of					
		Storm Water Retention or O	-				
		Building Elevation	1	n c e bara i			
	Detailed Parking, Service Drives and Approaches, Including Surface Materials						
6.	CERTIFICATI	ON:					
inst pro	tallation, constru perty owner, I h	mply with the provisions of the ction, alteration, addition, demereby certify that the proposed apply for zoning approval as h	olition or use described her work is authorized by the p	ein, and, if not the			
Sig	nature			Date			

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(NAME OF APP	PLICANT)
(ADDRESS & TELEPHONE	NO. OF APPLICANT)
(ADDRESS OF CONSTRUC	CTION SITE OR USE)
THIS APPLICATION IS IN COMPLIANCE WITH THE THE APPLICANT IS ELIGIBLE TO APPLY FOR A BUBUILDING DEPARTMENT.	
APPROVAL IS GRANTED FOR THE FOLLOWING:	
CONDITIONS ATTACHED:	
APPROVED BY & TITLE	<u>-</u>
DATE	
ZONING DISTRICT	ZONING PERMIT NO.