

Zoning Request Form

Professional Code Inspections of Michigan
 110 W. Center St.
 Hastings, MI 49058
 Phone 269-948-4088 Fax 269-948-9963
www.pcimi.com

Applicant must complete all items in each section.
Please verify who your local zoning authority is prior to application.

Project Information			
Address	Parcel Number	Zoning District	
Name of Municipality in which the project is located <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of:	County	Zip Code	
Between _____ and _____			
Contact Information			
Owner			
Name		Address	
City	State	Zip Code	Telephone Number (include area code)
Email Address			
Applicant			
Name		Address	
City	State	Zip Code	Telephone Number (include area code)
Email Address			
Type of Request			
Zoning Permit <input type="checkbox"/>	Special Land Use Permit <input type="checkbox"/>	Site Plan Review <input type="checkbox"/>	Home Occupation Permit <input type="checkbox"/>
Rezoning <input type="checkbox"/>	Text Amendment <input type="checkbox"/>	Land Division <input type="checkbox"/>	Planned Unit Development <input type="checkbox"/>
Variance <input type="checkbox"/>	Ordinance Interpretation <input type="checkbox"/>	Site Inspection <input type="checkbox"/>	Other <input type="checkbox"/>
Details of Request			
Type of Improvement			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Relocation
<input type="checkbox"/> Sign	<input type="checkbox"/> Boundary Modification	<input type="checkbox"/> Site Work	<input type="checkbox"/> Repair
<input type="checkbox"/> Change of Use		<input type="checkbox"/> Other	
Description			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			

Building Information

Dimensions / Data

Floor Area:	Existing	New	Total
Basement	_____	_____	_____
1 st Floor	_____	_____	_____
2 nd Floor	_____	_____	_____
3 rd – Above	_____	_____	_____
Accessory Building(s)	_____	_____	_____
Decks\Porches	_____	_____	_____
Total	_____	_____	_____
Setbacks:	Current	Proposed	
Front	_____	_____	
Rear	_____	_____	
Side 1	_____	_____	
Side 2	_____	_____	

Signature

Applicant

I hereby certify that all information contained on this Zoning Request Application is accurate and true to the best of my knowledge, and I acknowledge that missing or incomplete information may delay the review process until such time that the required information has been received. As the property owner or agent of the owner having the authority to do so, I hereby grant permission to enter onto the property referenced in this application, to the designated officials, employees, board members, agents or contractors of the municipality having the authority to administer and enforce the zoning ordinance.

Name of Applicant _____

Signature of Applicant _____ Date _____

Local Governmental Agency to Complete

Environmental Control Approvals

	Required	Permit #	Date	Approved By
Fire District	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water\Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Well\Septic	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MDEQ	<input type="checkbox"/> Yes <input type="checkbox"/> No			

For Administrative Use Only

The request has been reviewed by the authority having jurisdiction and has been:

____ Approved ____ Not Approved ____ Tabled

Comments:

Signature: _____ Title: _____ Date: _____

Payment Information

Amount Due: _____ Date Paid: _____ Check\Cash: _____ Received By: _____