



**City of East Tawas**

760 Newman Street  
East Tawas, MI 48730  
Phone: (989) 362-6161  
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[www.easttawas.com](http://www.easttawas.com)

# Site Plan Application

\_\_\_\_\_

Buisness Name and Address \_\_\_\_\_  
Parcel Number \_\_\_\_\_

Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Type of Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT**

I agree that the statements and information submitted with this application are true. If this information is found not to be true, the zoning permit issued may be void. I agree that the permit that may be issued is with the understanding that all applicable sections of the City of East Tawas Zoning Ordinance will be complied with. I agree to give permission for official sof the City of East Tawas, the County of losco, and the State of Michigan to enter the proeprty subject to this permit application for purposes of inspection. In considerations of the granting of this permit, I agree to comply with all applicable oridnances of the City of East Tawas, and the City shall not be liable for any damages resulting therefrom.

**COMPLETE APPLICATION**

All sections of the application must be completed. If not complete it could lead to a delay in approval or no approval.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CITY OFFICIAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED DENIED

**FOR PLANNING/ ZONING DEPT. USE ONLY**

Date Received:		Notes:
Fee Amount Received:		
Meeting Date:		

Planning/ Zoning Administrator Review:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date