

# Land Use Permit

EVERY SPACE ON THIS PERMIT MUST BE COMPLETED  
OR THE PERMIT WILL NOT BE CONSIDERED

City of East Tawas ♦ 760 Newman Street ♦ PO Box 672 ♦ East Tawas, Michigan 48730-0672  
phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall@easttawas.com ♦ [www.easttawas.com](http://www.easttawas.com)

Please print legibly

Owner:	Contractor:		
Present Address:	Phone:		
Phone:	Improvement Cost:		
Site Address:	Property Code No:		
Subdivision Name:	Block:	Lot:	Zoning District:
Flood Plain: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please check with the Zoning Administrator for additional requirements.</i>			

## TYPE OF IMPROVEMENT

<input type="checkbox"/> residential home	<input type="checkbox"/> deck	<input type="checkbox"/> raze permit
<input type="checkbox"/> residential addition/expansion	<input type="checkbox"/> fence	<input type="checkbox"/> commercial use permit (requires Planning Commission approval)
<input type="checkbox"/> residential garage/shed	<input type="checkbox"/> pool/hot tub	<input type="checkbox"/> other (specify)

**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 to comply with the conditions and regulations provided with any permit that may be issued. 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 contact the East Tawas Zoning Administrator for inspection before the start of construction and when locations of proposed uses are marked on the ground. I agree to give permission for officials of the City of East Tawas, the County of Iosco, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. I understand that, if issued, this zoning permit conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

In consideration of the granting of this zoning permit, I agree to comply with all applicable ordinances of the City of East Tawas, and the City shall not be liable for any damages resulting therefrom.

**\*\* Completed Application\*\*** - Including a drawing with dimensions of structure and setbacks required before Zoning Administrators consideration. Permit expires if work is not commenced within six months from date of issue.

\_\_\_\_\_  
Printed name Date

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Zoning Administrator's/Planning Commission's Approval Date

Application Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

1st Inspection: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

# Land Use Permit (Page 2)

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Site Address: \_\_\_\_\_ Property Code: \_\_\_\_\_

## SETBACK AND SIZE INFORMATION

Lot Size:	Front Yard:	Side Yard:
Improvement Height:	Front Yard (double frontage):	Side Yard:
% of Lot Coverage:	Rear Yard:	

## SITE OR PLOT PLAN

Authority, Michigan Public Act 110 of 2006 as amended

Please use the box to represent your lot and provide a sketch and/or description of the improvement setback measurements in accordance with Section 44-455 of the Zoning Ordinance. Please designate the front yard street name and side yard street name if you own a corner lot. Attach additional documentation if necessary.

Front Yard Street : \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_