



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
Fax: (989)426-6942

CITY OF GLADWIN ZONING PERMIT APPLICATION

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance)

Property Owner Name: _____

Property Address: _____

Tax Parcel ID Number(s): _____

Zoning District: _____

Property Description: _____

Description of Project: _____

Please provide the following information in the following plot plan or attach a separate sheet

1. The actual shape, location, and dimensions of the lot.
2. The shape, size, and location of all buildings or other structures to be erected, altered, or moved and of any building or other structures already on the lot, including setbacks from lot lines and natural features.

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3. The existing and intended use of the lot and of all structures on it, including the number of dwelling units in the building(s).
4. The location of existing and proposed public and private utilities and access drives.
5. The proposed hours of operation, number of employees, usable floor area, or other information necessary to determine parking requirements.
6. Such other information concerning adjoining lots as may be reasonably necessary for determining whether the provisions of the zoning ordinance are being observed.

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Plot Plan:



