

# Application- Zoning Permit

City of Greenville - Building Department  
411 South Lafayette Street Greenville, MI 48838



**IMPORTANT - Applicant MUST complete all items in sections:**

## I. LOCATION OF BUILDING

At (Location): \_\_\_\_\_ 052- - -  
No. Street Parcel #

## II. Information on Proposed Work - All Applicants Complete Parts A-D

A. ZONE	D. PROPOSED WORK- FY(front Yard), SY(side yard), BY(back yard)
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> MHP <input type="checkbox"/> O-1 or Mixed Use <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> Industrial <input type="checkbox"/> Hospital	<p>1. <input type="checkbox"/> New Building FY Set Back _____, SY Set Back _____, BY Set Back _____</p> <p>2. <input type="checkbox"/> Addition FY Set Back _____, SY Set Back _____, BY Set Back _____</p> <p>3. <input type="checkbox"/> Repair/Replacement</p> <p>4. <input type="checkbox"/> Fence/ Non-Corner Lot- Fence material (s) _____ FY Height _____, SY Height _____, BY Height _____ <b>I have read and understand the fence ordinance.</b> <input type="checkbox"/> YES</p> <p>5. <input type="checkbox"/> Fence/Corner Lot- Fence material (s) _____ FY Height _____, SY Height _____, <b>I have read and understand the fence ordinance.</b> <input type="checkbox"/> YES</p> <p>6. <input type="checkbox"/> Garage, Attached Total Square Feet _____ FY Set Back _____, SY Set Back _____, BY Set Back _____</p> <p>7. <input type="checkbox"/> Garage, Detached Total Square Feet _____ FY Set Back _____, SY Set Back _____, BY Set Back _____</p> <p>8. <input type="checkbox"/> Accessory Building Total Square Feet _____ SY Set Back _____, BY Set Back _____</p> <p>9. <input type="checkbox"/> Demolition <b>I have read and understand the demolition ordinance.</b> <input type="checkbox"/> YES</p>
B. OWNERSHIP	
<input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)  <input type="checkbox"/> Public (Federal, State, or local government)	
C. BUILDING USE- place size of structures under letter D	
<b>Residential Use</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-family- # Units _____ <input type="checkbox"/> Addition <input type="checkbox"/> Mobile Home- Lot # _____ <input type="checkbox"/> Garage, Attached <input type="checkbox"/> Garage, Detached <input type="checkbox"/> Accessory Building	<b>Non-Residential Use/ Commercial Use/ Industrial Use</b>  Describe Use of Building Below ex. Restaurant, Office, Medical:

## III. ITEMS NEEDED FOR APPROVAL

### E. PROVIDE ITEMS BELOW DEPENDING ON PROJECT

- Drawing of new building showing size and all setbacks.
- Drawing of new fence showing height and placement in relation to house with Property Line shown.

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<b>IV. IDENTIFICATION: To be completed by all applicants</b>			
	<b>Mailing Address - Number, Street, City, &amp; State</b>	<b>Zip Code</b>	<b>Telephone No.</b>
1. Name of Owner or Leasee:			
2. Name of Contractor:			

*I hereby certify that the proposed work is authorized by the owner of record and make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.*

Signature of Applicant:	Address:	Application Date:

**You must submit your Zoning Approval to Imperial Municipal Services to receive a Building Permit.**

**DO NOT WRITE BELOW THIS**

**Zoning Approved for use applied for when signed**

**Approved By:** \_\_\_\_\_ Signature of Zoning Administrator

Or Authorized Zoning Assistant when applicable

**Approved By:** \_\_\_\_\_ Signature of Authorized Zoning Assistant

**Proof of ownership has been verified.**