

# Village of Fowlerville

213 South Grand Avenue  
Fowlerville, MI 48836  
Phone (517) 223-3771 Fax (517) 223-7435  
Police (517) 223-8711  
website www.fowlerville.org



Permit # \_\_\_\_\_

## APPLICATION FOR LAND USE PERMIT (RESIDENTIAL)

To be completed by applicant:

APPLICANT NAME: \_\_\_\_\_  
APPLICANT ADDRESS: \_\_\_\_\_  
APPLICANT PHONE #: \_\_\_\_\_  
PROPERTY OWNER NAME: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_ **PROPERTY TAX ID#** \_\_\_\_\_  
PROPERTY OWNER PHONE #: \_\_\_\_\_

*To be completed by Village Official:*

### EXISTING ZONING:

- BOUNDARY SURVEY PROVIDED
- PROOF OF OWNERSHIP or AUTHORIZATION FROM PROPERTY OWNER PROVIDED
- SKETCH PROVIDED INCLUDES BUILDING FOOTPRINT, including distances to property lines and currently existing structures.
- SKETCH INCLUDES PROPOSED USE

Please note that construction of said project cannot begin until this permit has been approved by the Village of Fowlerville Zoning Administrator and a building permit obtained from the Livingston County Building Department. Processing of a permit is normally completed within 4-5 business days, but may be extended by the Zoning Administrator if necessary.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY:

ZONING ADMINISTRATOR APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_

### Permit Expiration Date

Date application filed: \_\_\_\_\_  
Date fee paid (\$25.00): \_\_\_\_\_

Approved or Denied (please circle)  
Reason, if denied: