



PERMIT NO. \_\_\_\_\_

# VILLAGE OF FOWLerville

213 South Grand Avenue • Fowlerville, MI 48836  
Phone (517) 223-3771 • Fax (517) 223-7435  
Police (517) 223-8711

## APPLICATION FOR LAND USE PERMIT

### TO BE COMPLETED BY APPLICANT:

APPLICANT NAME: _____	
APPLICANT ADDRESS: _____	
APPLICANT PHONE NUMBER(S): _____	
PROPERTY ADDRESS: _____	PROPERTY TAX ID# _____
PROPERTY OWNER: _____	
PROPERTY OWNER'S PHONE NUMBER(S) _____	

EXISTING ZONING: \_\_\_\_\_  
 BOUNDARY SURVEY PROVIDED: \_\_\_\_\_  
 PROOF OF OWNERSHIP OR AUTHORIZATION FROM PROPERTY OWNER PROVIDED: \_\_\_\_\_  
 SKETCH OF BUILDING FOOTPRINT PROVIDED: \_\_\_\_\_  
 SKETCH OF PROPOSED USE PROVIDED: \_\_\_\_\_

ZONING ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Please note that construction of said cannot begin until this permit has been approved by the Village of Fowlerville Zoning Administrator and a building permit has been obtained from the Livingston County Building Dept. 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

FOR OFFICE USE ONLY	
DATE APPLICATION FILED: _____	DATE FEE PAID: _____ (\$25.00)
APPROVED OR DENIED (CIRCLE)- REASON, IF DENIED: _____	
_____	