

# 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 (COMMERCIAL)

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.

**PROCEED TO LIVINGSTON COUNTY BUILDING DEPARTMENT FOR ADDITIONAL PERMITS**

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 (\$150.00 + Engineering/Consultant Costs):	Approved or Denied (please circle) Reason, if denied:
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