

PERMIT NO. _____

Village Of Fowlerville
213 South Grand Avenue Fowlerville, MI 48836
(517)223-3771, FAX (517)223-7435

APPLICATION FOR LAND USE PERMIT (COMMERCIAL BUILDING)

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): _____
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EXISTING ZONING: _____ **FLOOD ZONE (SEE FLOOD MAP):** _____

PROPOSED USE: _____

BOUNDARY SURVEY PROVIDED: _____
PROOF OF OWNERSHIP OR AUTHORIZATION FROM PROPERTY OWNER PROVIDED: _____
SKETCH OF BUILDING FOOTPRINT PROVIDED: _____
LIST OF STRUCTURES CURRENTLY EXISTING ON SUBJECT PROPERTY PROVIDED: _____

ZONING ADMINISTRATOR'S APPROVAL: _____ **DATE:** _____

Please note that construction 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 land use 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: _____ (\$150.00)
APPROVED OR DENIED (CIRCLE)- REASON, IF DENIED _____	
