



Village of Birch Run
12060 Heath Street
PO Box 371
Birch Run, Michigan 48415
Ph # (989) 624-5711 Fax # (989) 624-9681

ZONING PERMIT APPLICATION

NAME _____

ADDRESS _____

PHONE (Home) _____ PHONE (work) _____

EMAIL TO RECEIVE PERMIT _____

Tax/Parcel I.D. # _____ Zoning District _____

Application Fee: \$45.00

Proposed use, address and name on parcel _____

- Attach a Scaled Drawing. Drawing may be on 8 ½ x 11 paper. Sketch your lot size (giving all dimensions), location of house, well, and public utilities, driveway, and any easements, public or private, stream, pond, county or private drain or other water impoundment. Be very specific as to the relationship between the lot size, house layout, and septic or public utility layout. Please show the distances (ft.) between the house location and property lines. If a scale is used, please indicate the dimensions used (e.g. 1" = 10'). Indicate all building dimensions. Give exact dimensions and height of proposed building. Please indicate North arrow.

The attached sketch is accurate and shows the layout of the property and any and all proposed construction. Any alterations(s) will need written approval by the Zoning Department

Applicant's Signature Date

Office Use Only

Check one:

_____ Application approved _____ Application denied

*If the application is denied, a separate sheet listing reasons for denial will be attached.

Date _____ Amount _____ Check # _____ Cash _____

Zoning Administrator's Signature