



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

COMMERCIAL
ZONING PERMIT APPLICATION

Applicant Information

Application Fee: \$75.00

Name: _____ Phone #: _____

Address: _____

Email to Receive Permit: _____

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

Proposed Business Information

Name: _____

Address: _____

Use: _____

- Attach a Scaled Drawing, please indicate the dimensions used (e.g. 1" = 10'). may be on 8 1/2 x 11 paper. Sketch your lot size (new structures giving all dimensions), location of building, business and/or suite, public utilities, driveway, any easements and water impoundment. **Be very specific as to the use (s) requested.** Indicate all building dimensions. Please indicate North arrow.

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

Applicant's Signature

Date

*****Office Use Only*****

Amount Paid: \$ _____ CC Cash Check # _____ Date: _____

This application is: _____ Approved _____ Denied*

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

Zoning Administrator's Signature

Date