



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 all structures, 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, structure layout, and public utility layout. Please show the distances (ft.) between the structure 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 structures. Please indicate North arrow.

The attached sketch is accurate and shows the layout of the property 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