

Charter Township of Larkin
3027 N. Jefferson Road, Midland, MI 48642 (989) 835-6399

Application for Zoning Permit

Permit # _____

Permit Fee: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Relationship of Applicant to property: _____

Owner of property if different from Applicant: _____

Address of property: _____

Tax Code of property (parcel number): _____

Dimensions of property: _____

Zoning Classification of property: (Check One)

_____ Zone I (Residential A)

_____ Zone II (Residential B)

_____ Zone III (Residential C)

_____ Zone IV (Residential D)

_____ Zone V (Agricultural)

_____ Zone VI (Professional Office and Service)

_____ Zone VII (Commercial A)

_____ Zone VIII (Commercial B)

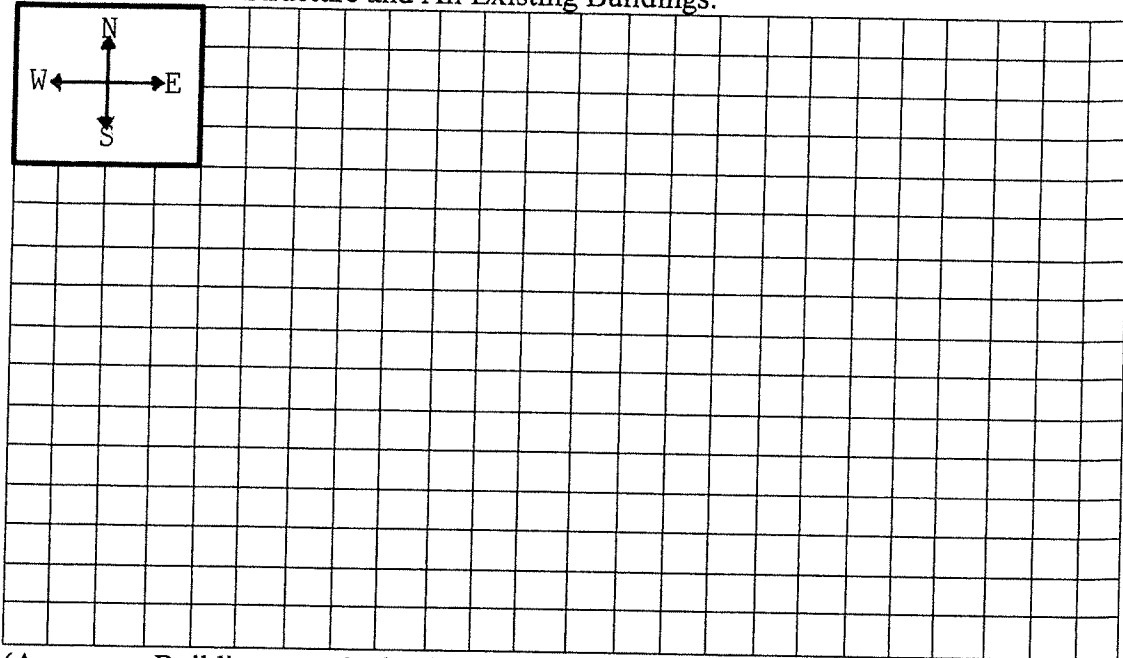
_____ Zone IX (Industrial A)

_____ Zone X (Industrial B)

Use or activity to be conducted on property:

Site Plan or drawing of buildings or structures to be placed on property, including existing structures with property lines and set-backs. Next Page. Attach copy of Township Code Authority "Application for Building Permit and Plan" if available. Attach other sheets if needed.

Location of New Structure and All Existing Buildings:



(Accessory Building must be behind front line of main building – a minimum of 15 ft. Rear and 15 ft. Side Lot Line *Except in special circumstances)

Note to Applicant: Neither this Application nor its approval by Larkin Township constitutes a building permit application, approval or issuance of required building permits under the State of Michigan Construction Codes. Applications for building permits and issuance of building permits required under the State of Michigan Construction Codes are obtained from the Township Code Authority of Midland County, County Services Building, 220 W. Ellsworth Street, Midland, MI 48640. (989) 837-6521.

Dated: _____, 20____

Applicant
 Printed Name:

Official Use Only:

The foregoing Application for Zoning Permit is:

() Approved () Approved with Conditions () Denied

Conditions, if any: _____

If Denied, the basis of the denial is:

Dated: _____

 Zoning Administrator

***** FOR OFFICE USE ONLY *****

Fully Executed Zoning Permit Application goes to:

___ Applicant

___ Office Manager

___ Supervisor

___ Township Code Authority

___ Zoning Enforcement Officer (if indicated on signed application from Zoning Administrator)

Date Sent & Initials of Sender: _____