



Date: _____
 Application Number: _____
 Review Fee: \$ _____

CITY OF CLIO ZONING PERMIT APPLICATION

Applicant Information

Name: _____
 Street Address: _____
 City: _____ Zip: _____ Home Ph: _____ Day Ph: _____

Property Owner (if different from applicant; if more than 1 list on separate sheet)

Name: _____
 Street Address: _____
 City: _____ Zip: _____ Home Ph: _____ Day Ph: _____

Property for which Zoning Permit is requested

Street Address: _____
 Nearest Crossroads: _____
 Tax Parcel ID#: _____ Zoning District: _____

Proposed Use

- | | |
|--|---|
| <input type="checkbox"/> Single Family Residence (new) | <input type="checkbox"/> Single Family Residence (addition) |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Alterations or repairs to non-conforming structures | <input type="checkbox"/> Move existing building |
| <input type="checkbox"/> Other _____ | |

Attach a scaled plot plan: Drawings may be 8 1/2" x 11" paper. Show the following:

1. The exact dimensions of the parcel.
2. All streets, alleys or easements.
3. The size, position and height of all existing and proposed buildings or structures on the property including their setback from lot lines.
4. Location, capacity and surfacing of all existing and proposed parking.

I hereby affirm that the above information is correct to the best of my knowledge.

 Signature of Applicant

 Print/type name

 Date

 Signature of Property Owner
 (if different from applicant)

 Print/type name

 Date

THE ZONING ADMINISTRATOR WILL NOT ACT ON AN APPLICATION UNLESS ALL INFORMATION IS SUBMITTED AND FEE IS PAID.

Applicant must attend the City Planning Commission meeting or be represented by a person with written approval to act on behalf of applicant. Said written approval **must be notarized** and left on file with the City.

THE FOLLOWING MUST BE SUBMITTED BY THE APPLICANT:

1. Completed application form
2. Plot Plan of the property with the information listed in the attached plot plan check list
3. Fee – Not Refundable (covers costs for meetings, advertisements, mailings, etc.)

(See reverse)

FOR OFFICE USE ONLY

Zoning Administrator's Determination (provide date of decision): Approved _____ Denied _____
Date Date

Remarks: _____

