



ST. IGNACE TOWNSHIP
MACKINAC COUNTY, MI

Zoning Compliance Application

PERMIT NO.: _____ FEE: \$75.00 DATE RECEIVED: _____

GENERAL INFORMATION

NOTE: The Township must inspect the layout of the building(s). Please call the St. Ignace Township Zoning Administrator, Matt Oja, at (906) 430-2897 or email at stignacetwpzoning@gmail.com **before construction begins**. Mail completed application with fee to St. Ignace Township Zoning Administrator, P.O. Box 233, St. Ignace, MI 49781. Please make checks out to St. Ignace Township.

PROPERTY OWNER INFORMATION

Owner(s) Name: _____
Mailing Address: _____
Telephone Number: (____) _____
Email Address: _____

Property Owner's Signature(s): _____
Date: _____

I hereby agree to comply with the provisions of the St. Ignace Township Zoning Ordinance in the installation, construction, alteration, addition or demolition described herein; and if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the Owner to make this application as his selected agent. Further, the St. Ignace Township Zoning Administrator and/or Supervisor has permission to enter the property for purposes of inspection.

CONTRACTOR INFORMATION

Contractor Name (if applicable): _____
Telephone Number: (____) _____
Email Address: _____

PROPERTY INFORMATION

Property Tax Code Number: _____
Property Address: _____
Nearest Road Intersection: _____
Land Division Split Involved? () Yes () No

PROPOSED USE OF PROPERTY

Use of Proposed Structure(s): _____

___ New Construction

___ Reconstruction

___ Addition

___ Demolition

___ Other (Please Specify): _____

Dimension of Proposed Structure: _____

Cost of Construction: \$ _____

Height of Proposed Structure: _____

Contractor: _____

For Office Use Only

Health Department Approval Received: _____ YES _____ NO

Date Application Received: _____

Zoning Permit Granted: _____

Zoning Permit Denied: _____

Reason for Denial: _____

Date Referred to Zoning Board of Appeals (if applicable): _____

Reason for Referral: _____

Action Taken by Zoning Board of Appeals: _____
(Attach Copy of Applicable Minutes)

Date Referred to Planning Commission (if applicable): _____

Reason for Referral: _____

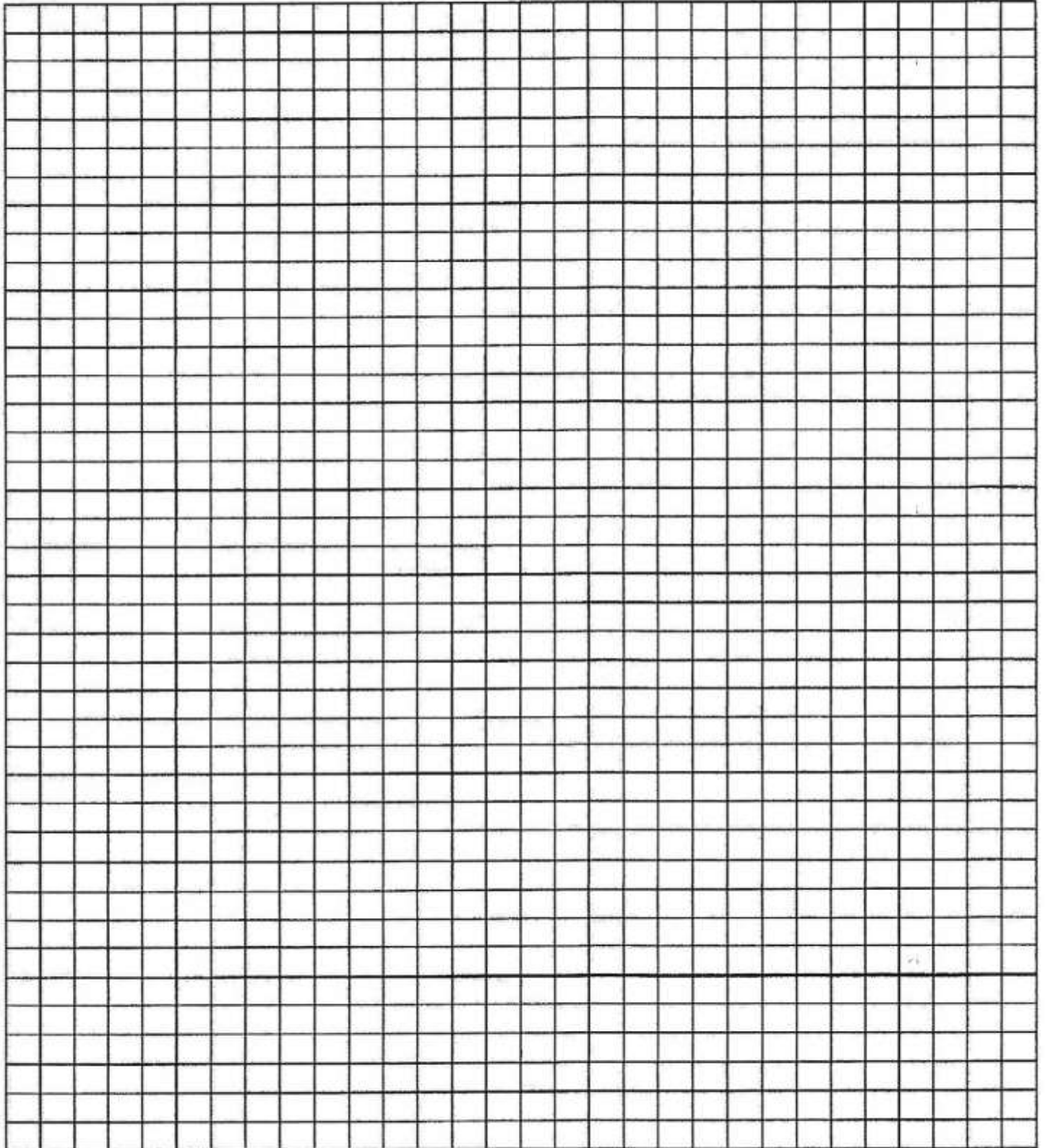
Action Taken by Planning Commission: _____
(Attach Copy of Applicable Minutes)

Notes and Comments _____

Zoning Administrator's Signature: _____

Date: _____

Submit a drawing on the below grid sheet or a separate sheet of paper showing lot location (road names, lakeshore, streams, easements, rights-of-way, unusual topographic features), lot dimensions, location and dimensions of all existing and proposed structure(s), distance between structure(s) and front, rear, and sides lot lines. Located driveway giving distance to nearest side lot line. Also show locations of well, septic tank and drain field.



SAMPLE SITE PLAN - FOR REFERENCE ONLY

