



City of Big Rapids

Department of Neighborhood Services
Zoning Permit

| |
|-----------------------------------|
| Applicant Name: |
| Applicant Address, Phone #/Fax #: |
| |
| Property Owner Name: |
| |
| Property Address/Phone #: |
| |

Application is hereby made for the following purpose (Please check all that apply):

- New construction or alteration
- Demolition
- Change of use of premises

If you checked change of use, please explain: _____

If you checked new construction, alteration or demolition above, please describe proposed project: _____

Height of proposed structure: _____ (in feet) _____ (number of floors)

Total square footage of structure: _____ (based on exterior dimensions)

Total lot area: _____ (in square feet)

Is a off-street parking required? Yes No

Will there be any exterior signage? Yes No

List the following setbacks: Front yard _____ Rear yard _____

Side yard (Left) _____ (Right) _____ Sum of both sides _____

(All setbacks listed in feet)

Application forms for the following are available from the Dept. of Public Services:

Sanitary sewer tap Yes No Permit # _____

City water tap Yes No Permit # _____

Curb Cut Needed Yes No Permit # _____

Please see reverse side for additional information.



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An Attached Plot Plan is Required.

Please provide an attached plot plan of the proposed project including the following information: (1) All property lines. (2) All existing and proposed structures, including driveways and parking areas. (3) Adjacent streets and rights-of-way. (4) Street frontage. (5) Setbacks for front, rear, and sides measured from the property lines. (6) Please indicate scale. (i.e. 1 inch = 10 feet)

Please sign and date application:

The undersigned agrees to conform to all requirements of the Big Rapids Zoning Ordinance as amended. In addition, the undersigned agrees to obtain all other permits and licenses as may be required by law for the construction and/or use intended. Upon completion, I will inform the Zoning Administrator/Building Inspector to ask that a Certificate of Occupancy be issued.

| | |
|--------------------------------|---------------|
| _____ Applicant's Signature | _____ Date |
|--------------------------------|---------------|

Below For Administrative Purposes Only

| | | |
|---|---------|-----|
| Is the property a nonconforming use or structure? | Yes: | No: |
| If yes, please describe: | | |
| | | |
| Property is currently zoned: | | |
| Permit Approved: | Denied: | |
| Reason for Denial: | | |
| Additional comments/requirements: | | |
| | | |

| | |
|-------------------------|--------------------|
| Signature: _____ | Date: _____ |
| Zoning Administrator | |