

APPLICATION for a ZONING PERMIT

City of Laingsburg

114 N Woodhull

P.O. Box 178

Laingsburg, Mi 48848

Phone: (517) 651-5374 • Fax: (517) 651-5512

Email: clerk@laingsburg.us

App. Date: _____ Receipt # _____ Fee: \$ _____ Permit # _____

Review Date: _____ ☐ Approved ☐ Denied By: _____

Property Address/Location		Applicant (if not Owner)	
Address/Street: _____		Name: _____	
Nearest Cross Rd.: _____		Address: _____	
Township: _____		City/State/Zip: _____	
Parcel Number: _____		Phone: _____	
Zoning District: _____		Fax/Email: _____	
Owner Information		If New Construction or Addition	
Name: _____		Please Attach All That Apply:	
Address: _____		<input type="checkbox"/> Land Division Certificate <input type="checkbox"/> Survey	
City/State/Zip: _____		<input type="checkbox"/> Proof of Ownership	
Phone: _____		<input type="checkbox"/> Septic Permit # _____ Well Permit # _____	
Fax/Email: _____		<input type="checkbox"/> Driveway Permit <input type="checkbox"/> Soil Erosion Permit	
		<input type="checkbox"/> New Address <input type="checkbox"/> New Sewer Connection	
Type of Request		Yes	No
<input type="checkbox"/> Principal Structure			
<input type="checkbox"/> Accessory Structure			
<input type="checkbox"/> Agricultural Structure			
<input type="checkbox"/> Temporary Structure/Use			
<input type="checkbox"/> Demolition Permit			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Home Occupation			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Deck or Porch			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Solar			
<input type="checkbox"/> Outdoor Solid Fuel Furnace			
<input type="checkbox"/> Shared Driveway			
<input type="checkbox"/> Buildable Lot Study			
<input type="checkbox"/> Hazardous Material Storage			
<input type="checkbox"/> Other: _____			
Describe Proposed Building or Land Use:		For All Applications	
_____		Did you attach a "Site Plan Drawing"?	
_____		Are you making grade (earth) changes?	
_____		Is your project within 500 ft. of surface water?	
_____		Is this site currently violating the Ordinance?	
		For Sign Permits Only	
		Type of Business: _____	
		Total display area in square feet: _____	
		Proposed setback from Right-of-Way: _____	
		Sign height: _____ Sign purpose: _____	
		Type: <input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Other	
		Height and width of wall: _____	
		Attach Sign drawing showing copy <input type="checkbox"/>	

AFFIDAVIT OF COMPLIANCE

I am the owner of, or the authorized agent of the owner, of the lot (parcel of land) described and shown on the attached site plan. I am familiar with the Shiawassee County Zoning Ordinance, including the related laws listed in Section 16.5.3. I hereby attest based upon my knowledge and belief that this request is complete, in compliance with, and warrants approval under the Shiawassee County Zoning Ordinance of 1999, as amended.

Signature of Applicant _____

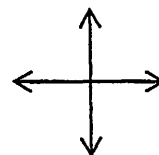
Date _____

CITY OF LAINGSBURG ZONING SITE PLAN GRID

NAME: _____ PROJECT ADDRESS: _____

LOT SIZE: _____ or NUMBER OF ACRES _____.

(SEE REVERSE SIDE FOR INSTRUCTIONS)



(E, N, S, W,)

CENTER LINE OF ROAD

SITE PLAN REQUIREMENTS

1. List Setbacks from all lot lines accurately.
2. Indicate all buildings on site and the distance between them.
3. Show location of all utility lines and distance from current building site.
4. Show location of the Well, Septic Tank and Drain Field.
5. Show location of the Reserve Drain Field.
6. Accurately locate Driveway and give distance from closest lot line.
7. Indicate any unique features of the property, such as drain, ditches or streams, etc. and the distance for the building site.

SHIA WASSEE COUNTY ZONING SITE PLAN GRID

NAME John Doe PROJECT ADDRESS 1000 E. COPPER RD.

LOT SIZE 200 x 320 or NUMBER OF ACRES _____

(SEE REVERSE SIDE FOR INSTRUCTIONS)

200'

