



### ZONING APPLICATION/PERMIT

House No:	Street:	Date of Application:	
Town:	Subdivision:	Lot:	Block: Lot Size:
Directions to Site:		Property ID No.:	
Estimated Cost of Improvement:		Approximate Starting Date:	
Owner's Name:		Telephone No(s).:	
Mailing Address:			
Contractor:		Telephone No(s).:	
Mailing Address:			

**Location/Owner of Project:**

**Residential**

Type of Improvement:	Proposed Use:	Dimensions/Parking:
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Mobile home <input type="checkbox"/> Prefab/Doublewide home <input type="checkbox"/> Demolition <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> One family home <input type="checkbox"/> Two or more family, enter number of units: _____ <input type="checkbox"/> Additional living space <input type="checkbox"/> Attached garage <input type="checkbox"/> Detached garage/storage building <input type="checkbox"/> Demolition of _____ <input type="checkbox"/> Other, specify: _____	No. of Stories: _____ No. of Bedrooms: _____ No. of Bathrooms: _____ Total floor area, all floors, based on ext. dimension: _____sq.ft. No. of off-street parking spaces: Enclosed: _____ Outdoor: _____

**Commercial**

Type of Improvement:	Proposed Use:	Dimensions/Parking:
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Other, specify: _____ _____ _____ _____	<input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital/Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, and other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks/Towers <input type="checkbox"/> Other, specify: _____	No. of Stories: _____ Total floor area, all floors, based on ext. dimension: _____sq.ft. No. of off-street parking spaces: Enclosed: _____ Outdoor: _____

Type of Sewage Disposal:	<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Septic System
Type of Water Supply:	<input type="checkbox"/> Public or Private Company	<input type="checkbox"/> Private well

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. CANCELLED PERMITS CAN NOT BE REFUNDED OR REINSTATED. Please contact the Houghton County Building Dept. at 906-482-2260 to obtain the building permit.

