

# Village of Saranac

27 North Bridge Saranac MI 48881  
Phone: 616-642-6324 Fax: 616-642-0472

## Zoning Permit Application – Page 1

This application must be completed in full and approved by the Zoning Administrator of the Village of Saranac before beginning any construction, excavation or use regulated by the Saranac Village Zoning Ordinance. The fee is \$25.00.

Fee paid \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

### **Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### **Property Owner Information** (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### **Contractor Information** (if built by licensed contractor)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

License Number \_\_\_\_\_

### **Construction Address**

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

### **Proposed Construction** (check all that apply)

New house _____	Deck _____	Alteration _____
House addition _____	Pool _____	Foundation only _____
Move building _____	Repair/Replacement _____	Demolition _____
Garage /carport _____	Fence _____	Sign _____
Garage/carport addition _____	Storage building _____	Other _____

### **Dimensions**

(width) \_\_\_\_\_ (length) \_\_\_\_\_ (height) \_\_\_\_\_ (number of floors) \_\_\_\_\_

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**Setback Distances**

Front (from street right of way or centerline of road- *circle which one measured from*) \_\_\_\_\_

Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

**Zoning District** (circle) LDR MDR-1 MDR -2 HDR MHP NS OSP CBD IND I/S C-PUD R-PUD

**Parcel Number 34-021-**\_\_\_\_\_ (or attach legal description if number not yet assigned)

**Affidavit**

I certify and affirm that I am the property or building owner or the owner's authorized agent and that I agree to conform to applicable zoning laws of Village of Saranac. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Draw a site plan on the attached page 3 or on a separate piece of paper.

\*\*Building permits are obtained from the Ionia County Building Department, 175 Adams St, Ionia (second floor). Call 616-527-5374.

\* \* \* \* \*

**Zoning Administrator Use**

Received Date \_\_\_\_\_

Application Approved \_\_\_\_\_

Notes/Conditions \_\_\_\_\_

Application Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## Zoning Permit Application - Page 3

### Site Plan

Use the space below to draw a site plan showing the proposed location of the new construction or additions to any existing structures. Include the location of existing structures and dwellings. Indicate the distances of the proposed construction to your lot lines, road right of way, easements, and shorelines. For new accessory structures also include the distance to the dwelling.

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