

MICHIGAMME TOWNSHIP

PO Box 220, 202 W. Main Street
Michigamme, MI 49861

Phone: 906-323-6608 Fax: 906-323-6344

admin@michigammetownship.com

ZONING COMPLIANCE PERMIT

Owner: _____

Address: _____

City, State & Zip: _____

Phone: _____ Email Address: _____

Street Address of Property: _____

Property ID: _____

Please read the following instructions:

1. Use attached sheet for site plan and draw to scale.
2. Indicate all existing and proposed buildings. Label proposed building.
3. Identify use of each building.
4. Label building dimensions including height and lot dimensions.
5. Label distances to lot lines, water bodies and other structures.
6. Indicate all roads and easements.
7. Indicate natural features affecting development, i.e. rocks and water.
8. Indicate parking spaces, signage (size & location) and any other applicable man-made features.
9. Draw an arrow indicating "North"
10. A 10.00 Fee is required with permit. Make checks payable to Michigamme Township.

Owners Signature: _____ Date: _____

For Zoning Administrator Use:

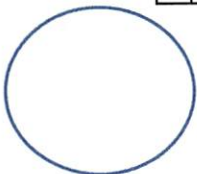
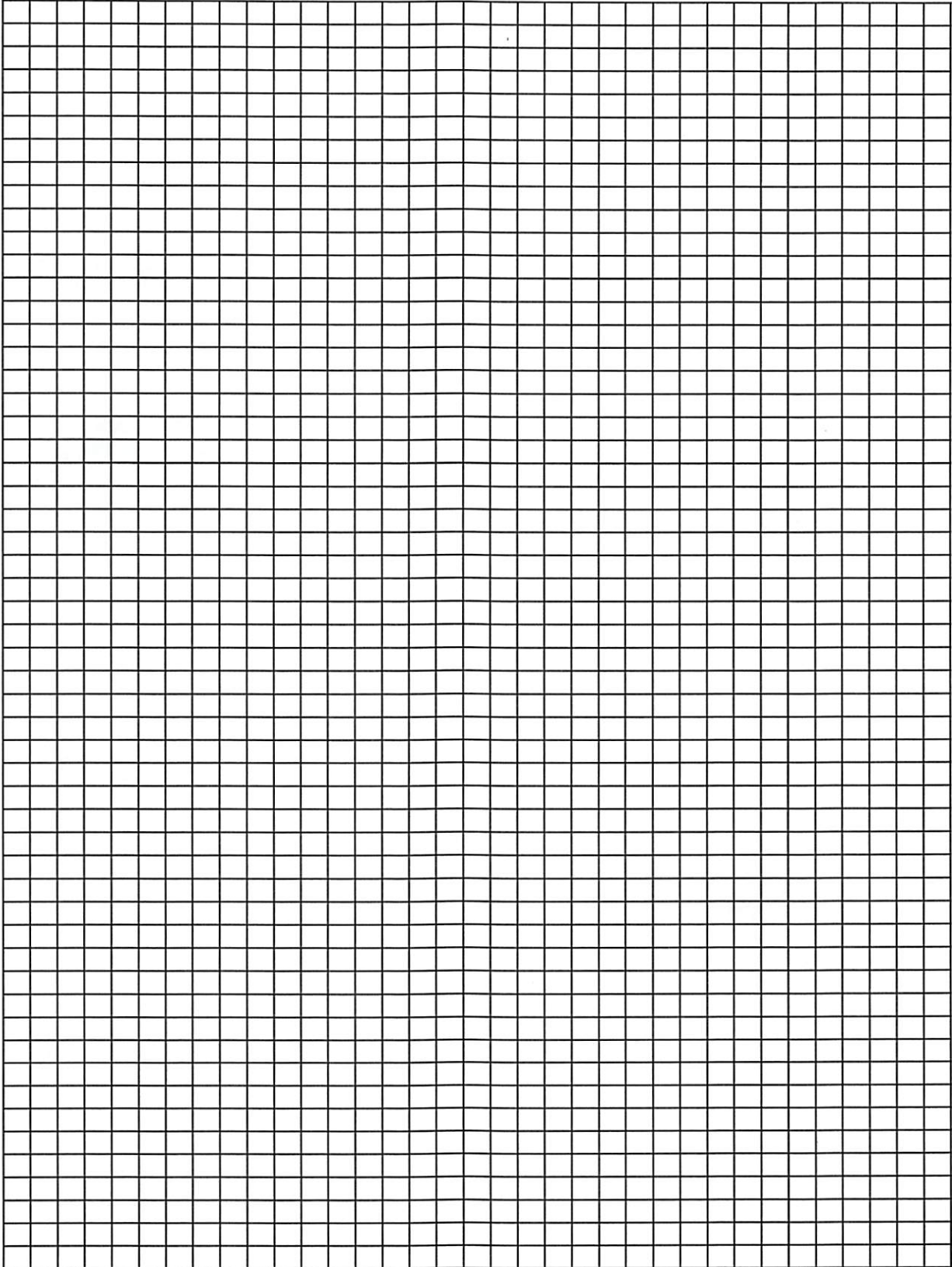
Existing Use: _____

Proposed Use: _____

Zoning District: _____ Approved: Disapproved:

Remarks: _____

Zoning Administrator or _____ Date: _____
Planning Commission Chairperson



DRAW ARROW IN CIRCLE
INDICATING NORTH