

Arvon Township
Zoning Administrator: Buddy Sweeney
721 Kemp St.
L'Anse, MI 49946
Phone Number: 906-395-7075
Email: buddysweeney16412@gmail.com

Arvon Township Zoning Permit

Permit Number: _____ Fee: _\$35.00_
Check #: _____ Date: _____
Make checks payable to Arvon Twp.

Applicant:

I, _____ make the following statement for
(Owner / Builder)

Location of Proposed Improvement

Property Owner's Mailing Address

(Owner)

(Owner)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Phone/ email)

(Phone/ email)

Legal Description:

Parcel Code / Tax ID Number: _____ Section: _____

Proposed Construction:

Single Family Dwelling:

Size of building: _____

Story Height: _____

Basement or Crawl: _____

Commercial:

Indicates Proposed Use: _____

Indicate Size of Building: _____

Site Plan is Required: _____

Additional Dwelling:

Indicate Size of Addition: _____

Proposed Use of Addition: _____

Story Height / Foundation: _____

Garage:

Indicate Size of Garage: _____

Indicate Height at Peak: _____

Pole Building: YES _____ NO _____

Mobile / Sectional Home:

Indicate Size of Building: _____

Foundation: _____

Other:

Specify the Proposed Use: _____

Indicate Size of Building: _____

Sign: On__ or Off__ Premises

Size: _____

Message: _____

Lot Diagram

Draw a diagram of the lot on which the building is to be constructed. Show the size of the building and where it is located on the lot. Include the distance from the building to the front, side, and rear of the lot lines. Also include all buildings presently on the property.

I hereby certify that the owner on record authorizes this application. I future certify that the prosed plans, as shown, are accurate to the best of my knowledge. The applicant shall further agree that neither he nor his successor will sell, convey, or otherwise dispose of any land surrounding a structure if such transaction will result in the structure being left on a lot which fails to meet the minimum requirements set forth in the township zoning ordinance and allows appropriate township officials to access the site for purposes of checking the zoning requirements.

(Owner or Owner's Agent Signature)

(Date)

For Office Use Only

_____ # _____

1. Flood Hazard Area
2. High Risk Erosion
3. Water Setback
4. Lot Size
5. Setbacks Only
6. Variance Granted
7. Condition Use Granted
8. WUPHD permits needed.
9. Wetlands

Approved: _____

Disapproved: _____

Remarks: _____

Property Address: _____

Signature: _____ Date: _____