

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

(Owner)

(Address)

(City, State, Zip)

(Phone/ email)

Property Owner's Mailing Address

(Owner)

(Address)

(City, State, Zip)

(Phone/ email)

Legal Description:

Parcel Code / Tax ID Number: _____ Section: _____

Proposed Construction:

Single Family Dwelling:

Size of building: _____
Story Height: _____
Basement or Crawl: _____

Additional Dwelling:

Indicate Size of Addition: _____
Proposed Use of Addition: _____
Story Height / Foundation: _____

Mobile / Sectional Home:

Indicate Size of Building: _____
Foundation: _____

Commercial:

Indicates Proposed Use: _____
Indicate Size of Building: _____
Site Plan is Required: _____

Garage:

Indicate Size of Garage: _____
Indicate Height at Peak: _____
Pole Building: YES _____ NO _____

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 further certify that the proposed 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

_____ # _____

Approved: _____

Disapproved: _____

Remarks: _____

Property Address: _____

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

Signature: _____ Date: _____