



ZONING AUTHORIZATION APPLICATION

202 West 5th Street, Clare Michigan 48617
(989) 386-7541 phone (989) 386-4508 fax
www.cityofclare.gov

PERMIT NUMBER: _____ New Construction House Addition Alteration Shed
 Garage Pole Barn Deck Fence Manufactured Home Installation Mobile Home Installation
Other (explain) _____

=====

Application Information**Owner (if different from applicant)**

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Contractor Name & Phone Number: _____

=====

Property/Proposed Building Information:

Address of Location: _____ Current Zoning District: _____

Parcel ID Number: 18- _____ Parcel Size: _____

Building/Addition Size: _____ Building Height: _____

Outside Dimensions of Building: _____

FLOOD HAZARD AREA: NO YES: If yes, structure must conform to Section R324, Flood Resistant Construction, of the Michigan Residential Code, and Section 1612, Flood Loads, of the Michigan Building Code.

I hereby attest that the information on this application is, to the best of my knowledge, true and accurate and that I intend to comply fully with all Ordinances and regulations of the City of Clare, Michigan, and of any other agencies and governmental units which may be involved.

Signature of Applicant_____
Date

Owner or Owners Representative on behalf of Owner, hereby authorizes the City of Clare to conduct site inspections of this property for zoning or taxing purposes.

Owner/Owner Representative Signature_____
Date

Submit a Site Plan sketch on Page 2 of this form with sufficient detail to indicate property and proposed building(s) locations and dimensions with an arrow showing North.

DO NOT WRITE BELOW THIS LINE

Date Application Received: _____

Requested Permit: Granted By: _____ Date: _____ Denied for the following reasons: _____

Permit is valid for 1 year from date of issue.

PROPERTY SKETCH: Show sufficient detail to indicate property and proposed building(s) locations and dimensions. .

