



ZONING COMPLIANCE/OCCUPANCY PERMIT

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

Property ID Number: 18- _____ - _____ - _____ - _____ **Current Parcel Zoning:** _____

Property Address: _____

Applicant Name: _____ Phone Number: _____

Applicant's Address: _____ City: _____

State: _____ Zip-Code: _____ E-mail: _____

Property Owner: _____ Phone Number: _____

Applicant's Address: _____ City: _____

State: _____ Zip-Code: _____ E-mail: _____

***Proposed Property Use:**

Proposed Date of Occupancy: _____ Total Square Footage: _____

Total Number of Parking Spaces Available: _____ Number of Employees: _____

***NOTE Group Day Cares (6 OR MORE CHILDREN) REQUIRES A SPECIAL USE PERMIT BY THE CLARE CITY PLANNING COMMISSION**

I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Clare Zoning Ordinance as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge.

Applicant (Printed Name)

Signature

Date

Property Owner (Printed Name)

Signature

Date

Application received on: _____

By: _____

Permit Approved by: _____

Date: _____

Zoning Administrator or Authorized Assistant