

Barry County Planning Department
220 W State St., Room 6
Hastings MI 49058
(269) 945-1290 (269) 948-4820 fax

Permit Fee \$ _____

Receipt Number _____

Date Issued _____

Zoning Application

Email to PCI _____

THIS IS NOT A PERMIT. If the project is started without permits, a \$250 fee will be applied. Processing time is a minimum of two (2) business days. Please type or print in ink.

Would you like to have your permit emailed: Email Address: _____

I) Date of Application: _____ Township: _____

Section: _____ Permanent Parcel Number: _____

Applicant: _____ Phone: _____

Mailing Address: _____
Street Address or PO Box City Zip Code

Property Owner: _____ Phone: _____

Mailing Address: _____
Street Address or PO Box City Zip Code

Site Address: _____
Drive, Lane, or Road City Zip Code

II) A site plan must be submitted indicating placement of the project on the property. If no site plan is provided, this application will be returned and/or denied. The site plan shall indicate the following:

- 01) Location of proposed building(s) and size dimensions, including parcel lines and parcel area.
- 02) Exact scaled measurements {not less than 1" = 200 ft nor greater than 1" = 20 ft} setbacks of the proposed structure(s). Can use graph paper where each square represents 5 ft, 10 ft, 20 ft, etc.**
- 03) Locations of road(s) or easement(s) of record and the direction of North.
- 04) A survey is required for nonconforming lots of record. A mortgage report is not acceptable.
- 05) Location of any bodies of water {i.e. lake, river, stream, creek, wetland, county drains, etc.}

III) Project Description: _____

+++++

IV) PLEASE FILL IN THE DIMENSIONS OF THE BUILDING(S) OR STRUCTURE(S) YOU ARE PROPOSING TO CONSTRUCT:

HOUSE: New: Replacement: **TYPE:** Stick Built: Premanufactured: Modular:

Width: _____ x Length: _____ Number of Stories: _____

(Please note: one (1) set of blue prints or floor plans must be submitted for home construction.)

GARAGE: Attached Detached Dimensions _____

DECK: Dimensions _____ **PORCH:** Dimensions _____

DET. ACCESSORY BUILDING: Dimensions _____ **FARM BUILDING:** Dimensions _____

ADDITION TO HOUSE: Dimensions _____

ADDITION TO: Det. Garage Dimensions _____ Det. Accessory Bldg. Dimensions _____

LEAN-TO (STAND-ALONE): Dimensions _____ **ATTACHED LEAN-TO:** Dimensions _____

COMMERCIAL BLDG: Dimensions _____ **OTHER:** _____ Dimensions _____

V) Other Required Permits: Copies of the following permits must be submitted (if applicable)

Driveway Permit: County # _____ State # _____ N/A _____

Land Division Permit: # _____ N/A _____

Health Department Permit: # _____ N/A _____

DEQ (Dept. of Environmental Quality) Permit: # _____ N/A _____

(i.e. floodplain, wetlands, seawalls, etc.)

Is the project site **within 500 ft of any boundary of water** (i.e. wetlands/swamp, stream, river, lake, creek, county drain, etc.)? Yes No N/A Name of Water Body: _____

I hereby certify that to the best of my knowledge the information provided on this application and attached drawing is an accurate representation of the planned project for which I am applying for a permit.

Owner/Applicant Signature

Date

IF THE PROJECT IS NOT STARTED WITHIN SIX MONTHS, THIS PERMIT WILL BE VOID

OFFICE USE ONLY

Zoning District: _____ Number of Acres: _____ Nonconforming Lot: Yes No

Plat/Condo _____ Lot Number/Unit _____

Minimum Front Yard Setback: _____

Minimum Side Yard Setback: _____

Minimum Rear Yard Setback: _____

Corner Lot Yard Setback: _____

APPROVED Variance Special Use Site Plan Review

Planning Commission Date _____ Case Number _____

Zoning Board of Appeals Date _____ Case Number _____

DENIED Not in compliance with the following provisions of the Barry County Zoning Ordinance of 2008

Article Number: _____

Section Number: _____

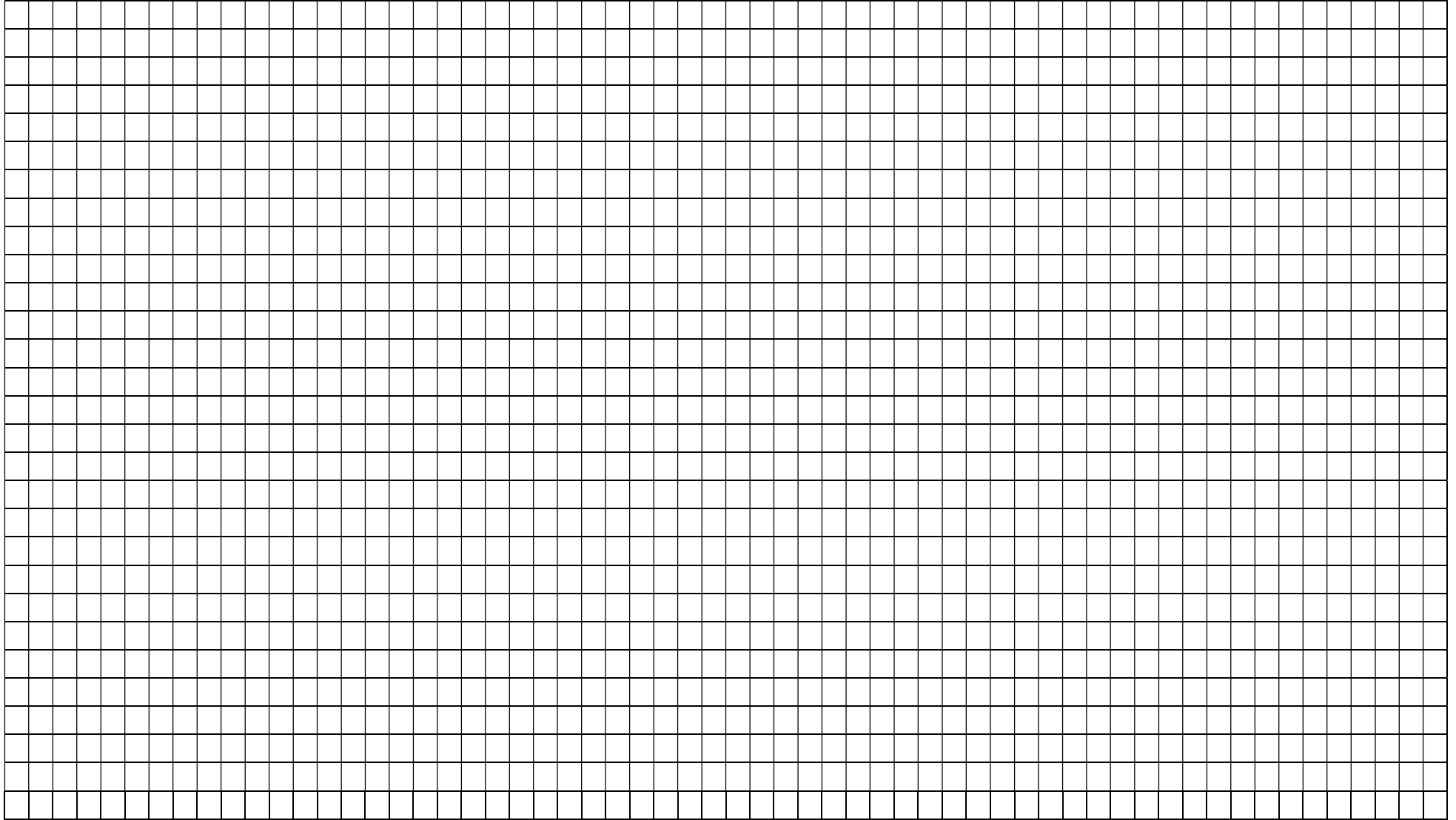
Authorized Signature of Zoning Administrator / Deputy

Reviewed by: _____

Date: _____

Site Plan Drawing Area
Must be submitted with Zoning Application

Approved Not Approved



Project Address:	Owner Name:	Site plan must include the following:	
Parcel Number:	Owner Mailing Address:	<input type="checkbox"/> Lot dimensions and area	<input type="checkbox"/> Bodies of water w/setback
Zoning District:		<input type="checkbox"/> North Arrow	<input type="checkbox"/> Well\Septic\Sewer system
Township:	Owner Phone:	<input type="checkbox"/> Roads, ROW & Easements	<input type="checkbox"/> Lot coverage
Lot Size:	Project Type:	<input type="checkbox"/> All buildings with sizes	<input type="checkbox"/> Driveway & parking areas
Scale:	Date Drawn:	<input type="checkbox"/> Building setbacks	
		<input type="checkbox"/> Utilities (gas, elect, etc.)	