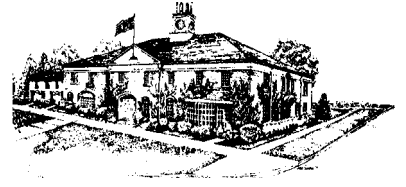


# City of Marshall

323 West Michigan Avenue - Marshall, MI 49068-1578 - Phone (269) 789-4604 - FAX (269) 789-4628



## ZONING PERMIT

\$20.00 Fee

Date: \_\_\_\_\_

Name of Owner/Authorized Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Project Location: \_\_\_\_\_

Existing use of land: \_\_\_\_\_

Proposed use of land: \_\_\_\_\_

Please attach to this permit:

- Legal description
- Location upon the lot of all existing and proposed structures and any streets bordering the property (fill out back side of permit)
- Evidence of ownership of all property affected by the coverage of permit
- Evidence that all required federal, state and county licenses or permits have been secured where deemed necessary for zoning permit approval
- Evidence that any public infrastructure complies with the city's construction standards
- Written approval of the water supply and sewage disposal extensions, leads or facilities, when required, from the Calhoun County Health Department or the city Water and Waste Water Department

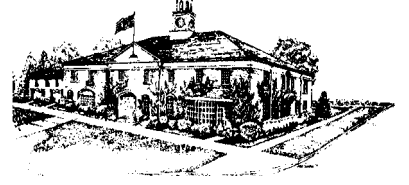
The Zoning Administrator may require additional information deemed necessary to determine compliance with provisions of this chapter, and may waive portions of the foregoing requirements deemed unnecessary for such purpose.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

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## ZONING PERMIT

\$20.00 Fee