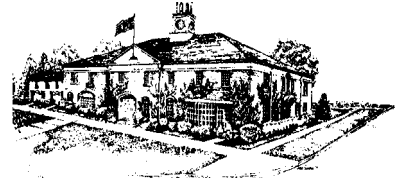


City of Marshall

323 West Michigan Avenue - Marshall, MI 49068-1578 - Phone (269) 781-5183 - FAX (269) 781-3835



ZONING PERMIT

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

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.