ZONING PERMIT APPLICATION

Permit Number:_____

City Of Evart, Osceola County, Michigan
5814 100th Avenue, Evart Mi 49631

Phone: 231.734.2181 / **Website:** www.evart.org
Planning & Zoning **Email: mark.wilson@evart.org**

EVART

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE CITY OF EVART WITH THE FOLLOWING ITEMS

- All necessary permits or approvals from the Osceola County Health Department
- The Osceola County Road Commission
- Michigan Department of Natural Resources

PROPERTY INFORMATION

Parcel #: _____ Property Address: _____
Name of Property Owner(s): _____
Property Owner's Current Mailing Address: _____
City:_____ State: _____ Zip Code: _____ Phone #: _____

Description of Proposed Improvements: _____
_____
_____
_____
Applicant's Address: _____
Applicant's Name (print) _____ Phone #: _____
Applicant's Signature: _____ Email: _____

AFFIDAVIT

Affidavit: The undersigned affirms that he/she is the _____ (owner, agent, lessee, or other interested party) involved in this petition and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. By making this application, the undersigned grants all officials, staff and consultants of the City of Evart access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Sign Permit and Zoning Ordinance compliance.

Signature: _____ Date: _____

BELOW IS FOR CITY USE ONLY

_____ The proposed use is permitted by the City of Evart Zoning Ordinance
_____ The proposed use was approved by the Evart City Council
_____ Pull Building Permit with County

Zoning Administrator Signature: _____ Date: _____