CITY OF MACKINAC ISLAND
PLANNING COMMISSION & BUILDING DEPARMENT
APPLICATION FOR ZONING ACTION

www.cityofmi.org kep@cityofmi.org 906-847-6190 PO Box 455 Mackinac Island, MI 49757

APPLICANT NAME & CONTACT INFORMATION:

_____

_____

_____ _____

Phone Number Email Address

Property Owner & Mailing Address (If Different From Applicant)

_____

_____

_____

Please complete both sides of application. The Fee and five (5) copies of the application, plans and all required documents must be submitted to the Zoning Administrator fourteen (14) days prior to the scheduled Planning Commission Meeting.

Is The Proposed Project Part of a Condominium Association? _____
Is The Proposed Project Within a Historic Preservation District? _____
Applicant's Interest in the Project (If not the Fee-Simple Owner): _____
Is the Proposed Structure Within Any Area That The FAA Regulates Airspace? _____
Is a Variance Required? _____
Are REU's Required? How Many? _____/____

Type of Action Requested:

____ Standard Zoning Permit
____ Special Land Use
____ Planned Unit Development
____ Other_____

____ Appeal of Planning Commission Decision
____ Ordinance Amendment/Rezoning
____ Ordinance Interpretation

Property Information:

A. Property Number (From Tax Statement):_____
B. Legal Description of Property:_____
C. Address of Property:_____
D. Zoning District:_____
E. Site Plan Checklist Completed & Attached: _____
F. Site Plan Attached: (Comply With Section 20.04 of the Zoning Ordinance)_____
G. Sketch Plan Attached:_____
H. Architectural Plan Attached:_____
I. Association Documents Attached (Approval of project, etc.):_____
J. FAA Approval Documents Attached:_____
K. Photographs of Existing and Adjacent Structures Attached:_____

Proposed Construction/Use:

A. Proposed Construction:
____ New Building
____Alteration/Addition to Existing Building
____Other, Specify_____

B. Use of Existing and Proposed Structures and Land:
Existing Use (If Non-conforming, explain nature of use and non-conformity):
_____
Proposed Use:_____
_____

C. If Vacant:
Previous Use:_____
Proposed Use:_____
Length of Time Parcel Has Been Vacant:_____

OFFICE USE ONLY

FILE NUMBER:_____ **FEE:**_____

DATE:_____ **CHECK NO:**_____ **INITIALS:**_____