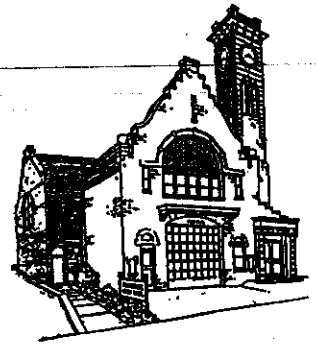


CITY OF HANCOCK

ZONING APPLICATION / PERMIT

(Permit not valid until signed by city official)
 Applicant to complete all items and return to city office located at:
 399 Quincy Street, Hancock, MI 49930
 Phone: (906)482-1121 Fax: (906)482-7910



Location / Owner of Project:

House Number:	Street:	Date of Application:
Town:	Subdivision:	Lot:
		Block:
		Lot Size:
Directions to site:		Property ID Number:
Estimated Cost of Improvement:		Approximate Starting Date:
Owner's Name		Telephone Number(s):
Mailing Address:		
Contractor:		Telephone Number(s):
Mailing Address:		

Residential

Type of Improvement:

Proposed Use:

Dimensions/Parking:

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Mobile Home <input type="checkbox"/> Prefab/Dble. Wide Home <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> One Family Home <input type="checkbox"/> Two or More Family, Enter Number of Units _____ <input type="checkbox"/> Addition of Living Space <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage//Storage Bldg. <input type="checkbox"/> Demolition of _____ <input type="checkbox"/> Other, Specify _____	_____ Number of Stories _____ Number of Bedrooms _____ Number of Bathrooms _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors
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Commercial

Type of Improvement:

Proposed Use:

Dimensions/Parking:

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____ _____ _____	<input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital / Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Other Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other - Specify _____ _____	_____ Number of Stories _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors
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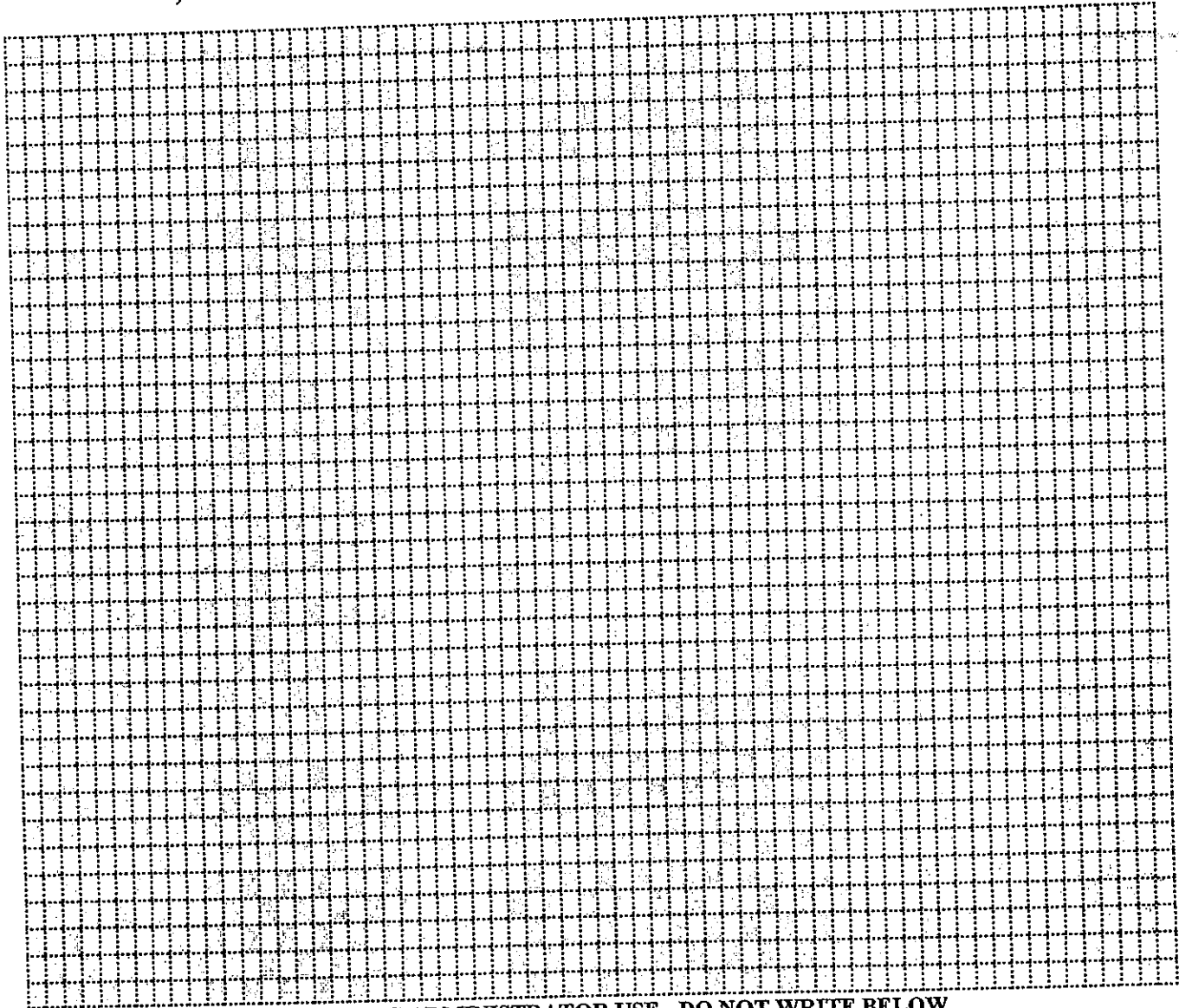
Type of Sewage Disposal: Public or Private Company Septic System

Type of Water Supply : Public or Private Company Private Well

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. **CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.** Please contact the Houghton County Building Dept. at 482-2260 to obtain the building permit.

SITE OR PLOT PLAN - For Applicant Use

PLEASE INCLUDE: 1)Size of Lot 2)Size of Building and Where Located 3)Location of Existing Buildings
4)Location of Septic, Well, Driveway 5)Distance from Lake or Stream if Applicable



FOR ZONING ADMINISTRATOR USE - DO NOT WRITE BELOW

District	
Use	
Front Yard	
Side Yard	Side Yard
Rear Yard	
Notes:	

Approved

Disapproved

Signature

Date

EXPIRATION DATE: _____