

CITY OF LINDEN



132 E. Broad Street
PO Box 507
Linden MI 48451

Phone: 810 735-7980
Fax: 810 735-4793

ZONING PERMIT APPLICATION

Site Information

Address _____ Tax ID # _____

Owner Information

NAME _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Fax # _____

Applicant Information

NAME _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Fax # _____

Type of Improvement (include information such as sketches, drawings or photo's on plot plan)

Sign Fence Driveway Home Occupation Other _____

Type of Improvement _____ Location _____

Dimensions _____ Height _____

Existing Site Information (Please show on plot plan)

Current No. of Structures _____ Locations _____

Dimensions _____

Heights _____

Is This Property Located in the Historic District? Yes No

If yes, does this project have Historic District Commission Approval? Yes No

All supporting documentation including a diagram of the site must be submitted with this application. Other permits issued by the State of Michigan such as electrical, mechanical and/or plumbing may be required.

Owner / Contractor Certification

I affirm that the information provided on this application is true and accurate and that the project shall be completed in accordance with the provisions of the City of Linden Zoning Ordinance. It is the property owner's / agent's responsibility to determine the exact locations of all property lines.

Applicant Signature	Date
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FOR CITY USE ONLY

Conditions or notes for approval

Fees Paid by Applicant \$	Date Paid
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Zoning Administrator Signature	Date
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